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No. 6

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CURITY GAUZE

in these new forms

saves *Time—Material—Labor*

*Through an extension of Lewis service, it
is possible to buy gauze already prepared
to meet specific needs*

NO longer the need for waste in the preparation of gauze—no longer need nurses spend valuable time and energy cutting gauze for dressings!

Realizing the desire of many hospitals for gauze already prepared for dressings, the Lewis Manufacturing Company has taken a step forward to meet this need.

You can now obtain Curity Absorbent Gauze—the same Curity product that has been favorably known for its quality and economy over the past 25 years—in two new forms: Curity Ready-Cut Gauze and Curity Dressing Rolls.

Curity Ready-Cut Gauze is the well-known Curity product cut into the most commonly used shapes and sizes for all dressings. These various sizes can be made into gauze dressings, sponges, flats, strips, tapes, walling-off sponges, etc. Folded around cotton or Cellucotton—they can be made into pads for all types of work. They are easy to dispense and always available in usable form. Waste is completely eliminated.

Curity Dressing Rolls are rolls of Curity Gauze, specially folded (in two sizes) so that the longitudinal folding is done. Just cut the desired length from a Dressing Roll, tuck in the ends, and

the completed dressing is ready. Curity Dressing Rolls will serve to make any gauze dressing—abdominal sponges, tapes, wipes, etc.

These new forms were developed by us entirely in the spirit of service. It is conceivable that they will decrease the consumption of Curity Gauze in many hospitals. Each hospital may decide whether or not they are more efficient for its particular needs than the regulation 100-yard bolt.

We shall be glad to send additional information, and samples of Curity Ready-Cut Gauze and Curity Dressing Rolls to hospital executives. Test them and decide which of the three forms of Curity Gauze is best suited to your specific requirements.

LEWIS MANUFACTURING CO.
{Division of Kendall Mills, Inc.} Walpole, Mass.

Lewis Manufacturing Company
Walpole, Mass.

Please send me, free, Samples of Curity
Ready-Cut Gauze and Curity Dressing Rolls.

Name _____

Position _____

Hospital
Address _____

M 17 6-26

The VITAL PART of a sterilizer is the CONTROL

THE CLIMAX CONTROL

is the *simplest*
safest
most efficient
most fool-proof
of all sterilizer controlling devices

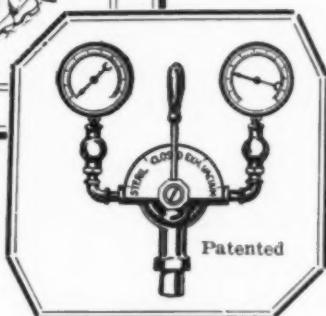
PRACTICALLY AUTOMATIC

Eliminates the disadvantages, uncertainties and dangers of rear control and multiple valves.

- located directly in front—not in rear.
- avoids confusion; dial indicates each operation.
- minimizes possibility of error.
- eliminates guesswork.
- saves valuable time.
- prevents accidents; nurse need not reach past a hot sterilizer to a valve in the rear.



"CLIMAX" Dressing Sterilizers are equipped with "CLIMAX CONTROL"



A Report from a Prominent Hospital Consulting Engineer

We examined your Climax Control and were very favorably impressed with it. It seems to be an ingenious contrivance, admirably adapted for the convenient operation of the sterilizer with a minimum of intelligence and care... The attendant need only throw the pointer successively to the different positions which are clearly marked on the dial.

The construction of the valve was very interesting. The fact that there is but one operating part is a great advantage... The castings appeared to be liberal in design and of good quality... The workmanship was excellent... We can see no reason why this control should not give long and satisfactory service.

You owe it to your institution to learn about the advantages of CLIMAX Sterilizers. There is a CLIMAX Sterilizer for every purpose and each sterilizer embodies exclusive features which make for simplicity of operation, certainty of sterilization, safety and mechanical perfection. Confer with us on your sterilizing problems.

"Climax Control" is Exclusive with "Climax" Dressing Sterilizers

THE HOSPITAL SUPPLY COMPANY

& The Watters Laboratories, Consolidated

For 28 Years Manufacturers—"Climax" Sterilizers and Disinfectors—"Cosmo" Aseptic Steel Furniture—"Watters" Surgical Instruments and Supplies

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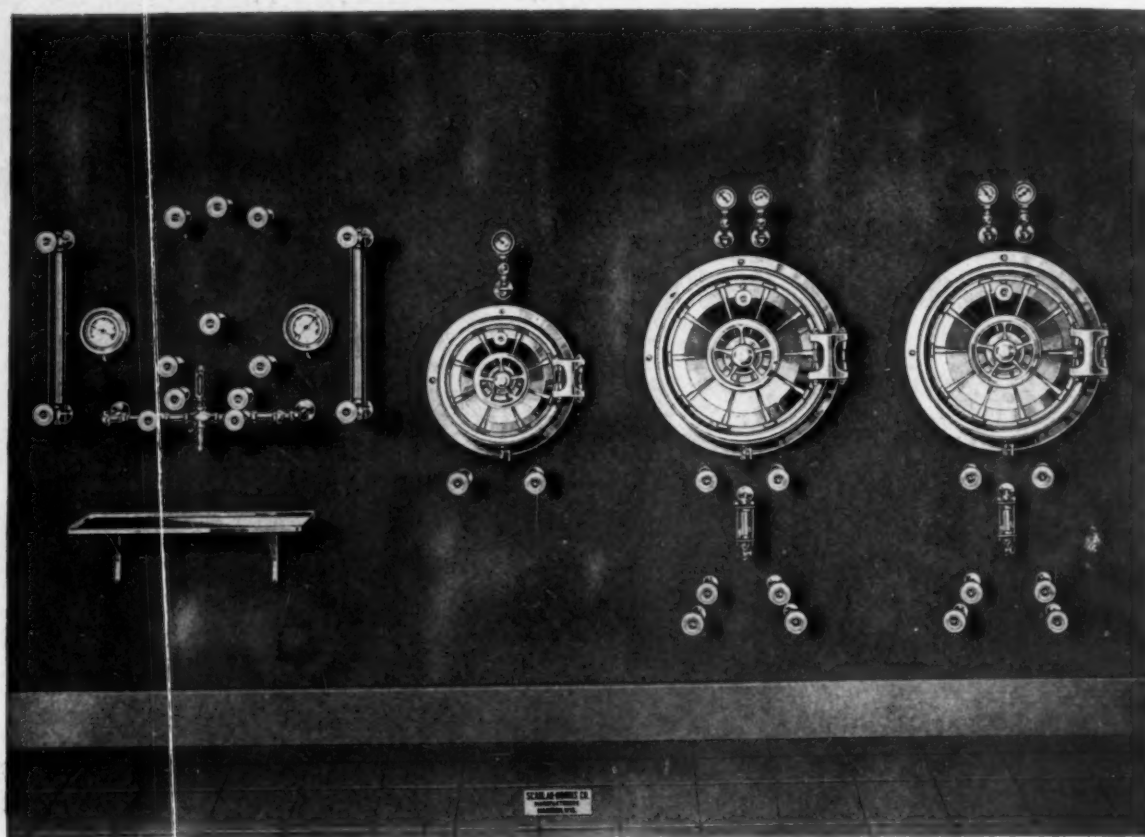
Beware of firms trading under similar sounding names.

Climax
STERILIZERS
& DISINFECTORS

BUILT BY THE MAKERS OF
"ORBIT" BED-PAN WASHERS



"ORBIT" BED PAN WASHER



Battery of "White Line" High Pressure Sterilizers (recessed-in-the-wall) Installation at Michael Reese Hospital, Chicago

"White Line" equipment, installed to meet the requirements of new ideas in hospital design and construction, embodies those ideals of manufacture that insure long-time service and satisfaction.

Recent "White Line" installations: St. Luke's Hospital, Chicago; Augustana Hospital, Chicago; Lakeside Hospital, Chicago; Michael Reese Hospital, Chicago.

Write us about your sterilizer problems. Secure all the facts before making a decision.

SCANLAN-MORRIS COMPANY

"The White Line"

Hospital Furniture—Sterilizing Apparatus

Factory and Offices
Madison, Wisconsin

Chicago Display Room
411 Garland Building

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The Standard
Anesthetic
of the
World

ETHER is today, as it always has been, the safest, most convenient and most economical anesthetic for surgical use.

Ether Squibb, the Standard Anesthetic Ether of the world, is made only in the Squibb Laboratories by the process devised by Dr. E. R. Squibb and in stills invented by him.

For nearly seventy years, and in millions of cases, Squibb's Ether has been used for the safety and

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The Squibb Process produces an Ether the best that can be made for anesthesia. The small amount of Squibb's Ether necessary for an anesthesia, when properly administered, renders it the most economical ether to employ. For the comfort and safety of your patients and your own satisfaction, insist upon having SQUIBB'S Ether.

E. R. SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

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IN EMERGENCIES

*phone or telegraph us your needs
for hospital linens, blankets,
gowns, or dry goods.*

Rush orders are our specialty—service our motto. If on hand
all rush orders will be shipped the same day.

Special messenger service for nearby customers.

We carry a large and complete stock at all times.

JOHN W. FILLMAN CO.

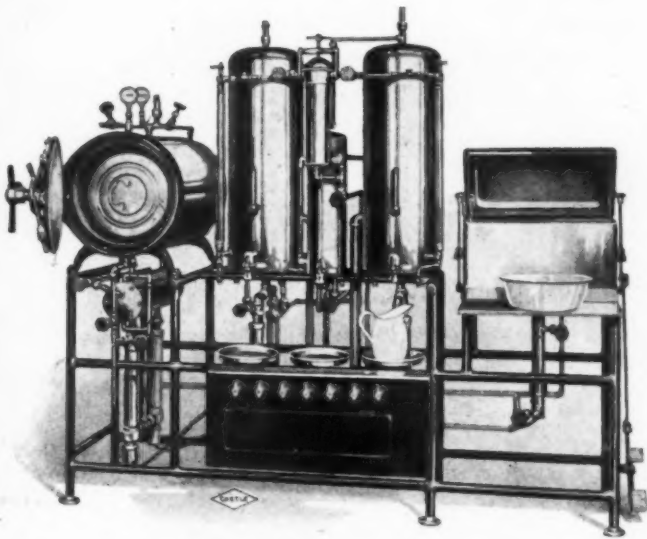
1020-22-24 Filbert St.,

Philadelphia, Penna.

III—Correct Sterilizing Principles Standardized for 30-50 Bed Hospitals

*Why the vacuum method
was replaced 10 years ago*

About "10 inches vacuum" is obtained in a vacuum sterilizer. Since "30 inches" means a complete vacuum, it is obvious that only one-third of the air is evacuated by this method. The other two-thirds remains in the chamber, causing the danger of air pockets. That is why the Castle Company gave this up years ago and adopted its own sure and quicker method.



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With a Castle battery you pay the plumber for only one set of connections instead of four. All units are united to this single set of outlets.

Bent Pipe Instead of Joints.

Few right angle fittings are used. The pipes are bent instead, adding beauty and eliminating leaks.

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We recommend our high temperature black baked enamel stand because it lasts so long and looks so well.

This battery of sterilizers has been standardized to aid the hospital of thirty to fifty beds in selecting exactly the equipment most adequately suited to the purpose and mounted in very compact form.

The arrangement may be reversed in the order of mounting to meet space conditions, without additional cost. Full blue prints and specifications will be sent upon request, showing how easily this battery may be moved in and connected.

Castle Dressing Sterilization Quicker

10 to 25 minutes are saved by the "Castle Forced Air Evacuation" method. Steam penetrates dressings that much quicker by the Castle way, and actual tests prove its superiority over older methods. Especially with heavy loads the Castle penetration is quicker and more certain than with the vacuum method.

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The simple Castle method of moisture elimination dries the dressings completely in five minutes. Complicated devices for steam elimination are unnecessary and bothersome.

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Castle sterilizers are not cheapest in first cost. But they are made from heavier metals—bronze, brass and copper—and they outlive and outwear lighter and cheaper units.

This Battery, Castle No. 0024, Comprises:

- 16x30" autoclave for both utensils and dressings. This size accommodates both.
- 15 gallon water sterilizers, with or without one gallon still. Filter easily removed. Gauge glasses can be sterilized.
- 9x12x22" instrument sterilizer. A solid bronze casting--no seams or solder. Obviously worth more.

Please send all information on the Castle battery No. 0024.

Name

Hospital

Address

CASTLE

Complete line of Hospital, Physicians', Dental and Bacteriological Sterilizers
WILMOT CASTLE COMPANY, 1151 University Avenue, Rochester, N. Y.



CRESYLONE

Better Than Carbolic Acid

CRESYLONE as a sterilizing agent renders phenol or carbolic acid superfluous. It is freely miscible with water in all proportions so that any strength solution desired may be readily prepared; and it is much less toxic or irritating than a phenol solution of equivalent germicidal activity.

Cresylone owes its germicidal powers to a special grade of cresols which are present in the proportion of 50 per cent.

Cresylone is used for the disinfection of instruments, since it has no corrosive effect on either steel or nickel; for cleansing wounds and ulcers; and for sterilizing the hands of the surgeon and his attendants. Those who use Cresylone tell us that it renders the hands agreeably soft and sensitive and is without irritating effect.

This product is especially useful for preparing the operating room or cleansing the beds, walls and floor of the sick room or hospital ward. It is also of value when employed as a disinfectant for soiled clothing.

The solutions commonly used are 1 to 2 per cent strength; a 2½ per cent solution is equal germicidally to a 5 per cent phenol solution.

Your correspondence is invited. Please let us know your requirements. We shall be glad to quote prices on any desired quantities.

PARKE, DAVIS & COMPANY

HOME OFFICES AND LABORATORIES: DETROIT, MICHIGAN
WALKERVILLE, ONTARIO MONTREAL, QUEBEC

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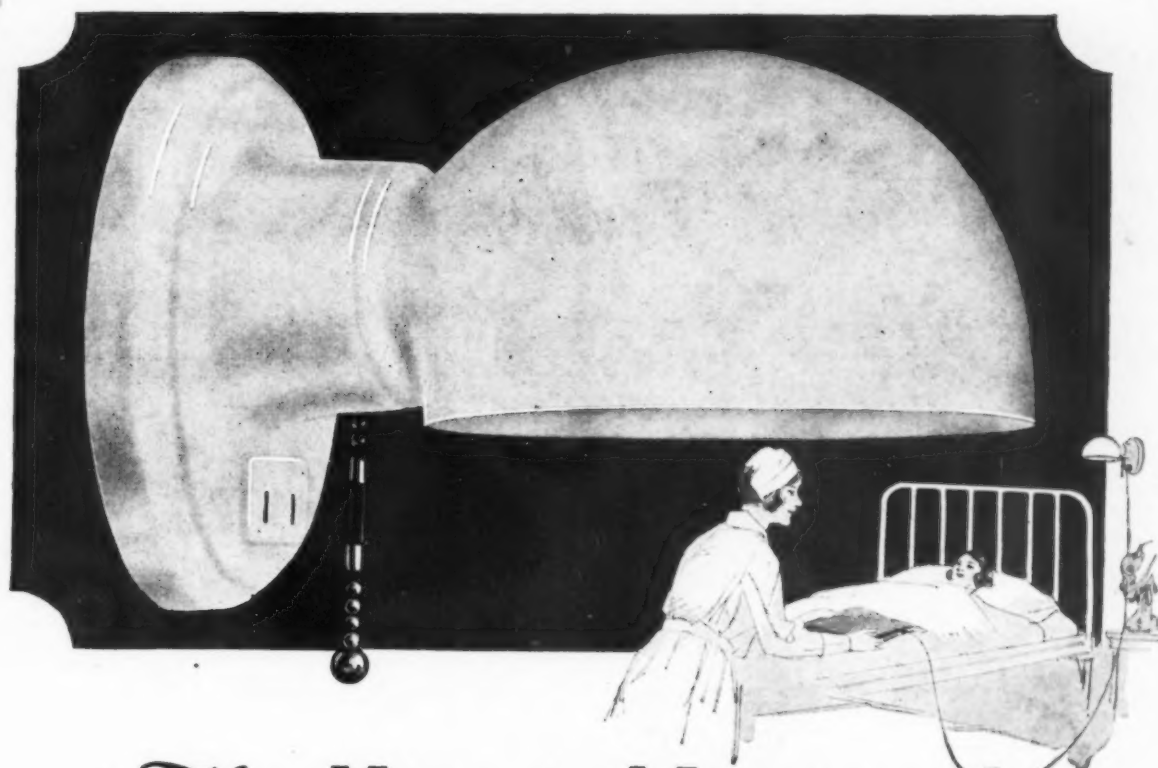
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The New and Improved **AGLITE**

Smaller—More Symmetrical—Lower in Price—and with Plug-in Receptacle for Attaching Electrical Appliances

Aglites long have been the most widely used Porcelain Enameled Lighting Units, yet new improvements have just been made. A reduction in size. More symmetrical lines. Oval canopy permits installation in narrow spaces. A new Aglite. Better than ever and *lower in price!*

A small plug-in receptacle in the canopy is instantly accessible for attaching electrical appliances, without interfering with the light control. Saves the cost of wiring for a separate wall or baseboard outlet.

Here is the first lighting unit designed to take advantage of the reduced length of the new style Mazda lamps. The opal-glass shade is now made smaller, and can be adjusted to direct the light at any angle.

The permanent porcelain enameled finish is guaranteed never to discolor, rust or tarnish, presenting a sanitary, perfectly smooth surface—wiped clean in an instant.

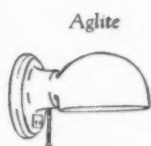
Aglite is ideal for rooms, wards, corridors, baths and service quarters. Standard colors: white or ivory. Write for descriptive literature.

New Low Prices:

With Adjustable Shade. Oval Canopy $3\frac{1}{4}'' \times 5\frac{1}{4}''$.
Length of glass $5\frac{3}{4}''$. Over-all extension 8".

A2573 Keyless, No Receptacle...\$2.80
A2574 Pull Chain, No Receptacle. 3.60

A2575 Keyless, With Receptacle...\$3.15
A2576 Pull Chain, With Receptacle. 4.00



Aglite

The EDWIN F. GUTH COMPANY

DESIGNERS - ENGINEERS - MANUFACTURERS

Lighting



Equipment

ST. LOUIS, U.S.A.

For complete index of advertisements refer to the Classified Directory



Aglite



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The KNY-SCHEERER PLAN means a saving of money-time-worry

IN the many years that we have been equipping Hospitals we have been called on to supply not the surgical equipment but frequently all other requisites necessary for complete operation. These demands have grown to such proportions that we have opened a special *Contract Department*. Through this Department we offer to Architects, Superintendents and Hospital Boards planning new Hospitals and additions, the services of a corps of experts trained in the planning and installation of Hospital Equipment *complete from cellar to garret*.

What This Service Is

(a) A suggested list of your entire Hospital Equipment, and complete requisites with estimated cost—and invaluable aid in apportioning your budget.

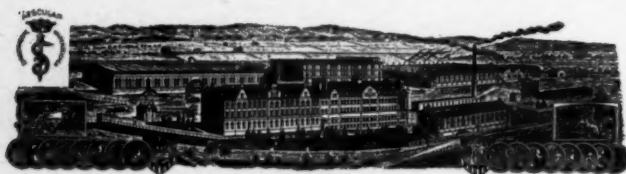
(b) Relief from details incident to drawing up individual contracts covering hundreds of items by placing the entire responsibility in the hands of one reliable firm with large financial resources.

(c) In purchasing items not of our own manufacture for dozens of Hospitals the *economy* obtained through quantity buying enables us to *save you money on quality merchandise*.

(d) You have the assurance that your entire equipment will meet the standard of quality set by THE KNY-SCHEERER CORPORATION in the Manufacture of their own Hospital and Surgical Equipment.

(e) Many of the items necessary for complete

equipment are purchased from concerns whose Hospital business forms but a minor part of their aggregate sales. Were they to lose the patronage of Hospitals they would worry little: It is but a side issue. But the very *life* of our business depends upon satisfactory merchandise and service to the Medical and Surgical Profession. It is therefore, imperative that we sell only the highest quality merchandise and extend the best possible service to retain this goodwill, otherwise we could not stay in business.



Factory where Kny-Scheerer Surgical Instruments are made.



Factory where Kny-Scheerer Surgical Furniture and Sterilizers are made.

Two Vast Kny-Scheerer Factories
The KNY-SCHEERER Corp.
 OF AMERICA

119-125 Seventh Avenue Dept. 28

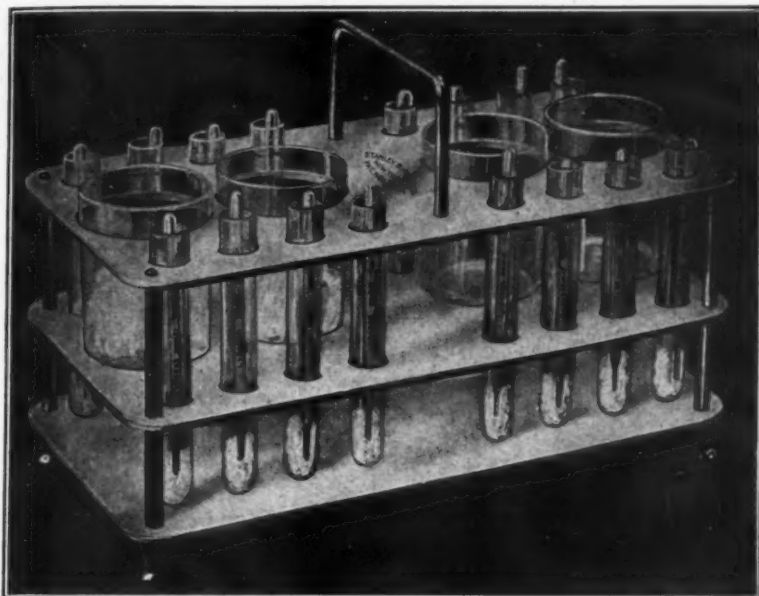
New York, N. Y.



COMPLETE YOUR HOSPITAL EQUIPMENT

WITH

The New Improved Stanley Thermometer Rack



IT IS MADE OF METAL, highly polished. An improvement over the former wooden rack which permits of its being sterilized.

Its use eliminates all danger of infection as each patient is assured of getting his or her individual thermometer.

It serves the purpose of economy as it minimizes breakage.

It is equipped with sixteen four-inch tubes for thermometers, four glasses (one for clean cotton, one for soiled cotton, one for soap and water or saturated cotton, and one for lubricant.)

It is easily carried, by means of a nickel plated handle.

Size 9½ inches long, 5½ inches wide, and 4 inches high.

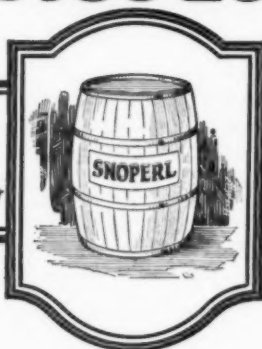
Stanley Supply Co.

HOSPITAL SUPPLIES AND
EQUIPMENT

118-120 E. 25th St. New York, N. Y.

SNOPERL

Cleanser
Soap Saver
Water Softener



Colorless
Odorless
Economical

ALGONA HOSPITAL
Algona, Iowa

April 10, 1925.

Dear Sirs:

We have just finished our Snoperl and feel that we can't get along without it.

Yours truly,
Vera Ogren, Supt.

WRITE FOR PRICES. You will buy and you will never use anything else.

UNITED CHEMICAL COMPANY
401-5 Delaware St., Kansas City, Mo.

THE NEW IMPROVED PATENT NORINKLE RUBBER SHEET



Model No. 60—38 inches long on Mt. Sinai bed with headrest elevated. It cannot wrinkle in any position of the bed. Mt. Sinai Hospital of New York is completely equipped with this model.

We are equipping many of the leading hospitals in the country.

Write today for full information

HENRY L. KAUFMANN & CO.
301 Congress Street BOSTON, MASS.
ARE YOUR PATIENTS COMFORTABLE?



The Most Useful Waterproof Material Known to Hospitals

IMPERVO

Can be steamed, sterilized and cleansed in any manner that your hospital employs. Can be laid in the sun to dry and will not rot, crack, or lose color. Is comfortable to lie upon when used as an undersheet for beds. It costs less than rubber in initial price, and lasts many times as long. The saving is very evident—and pleasing.

Comes in rolls for miscellaneous uses, bed sheetings, operating table cushions, and laboratory aprons, etc.

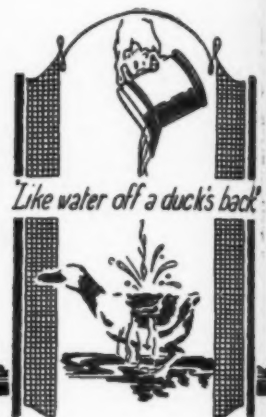
Most hospitals are at present equipped and find IMPERVO an investment in cleanliness and money-saving.

Samples will be mailed you without charge or your supply house will cover your needs. Address inquiries to Dept. C.

E.A. ARMSTRONG IMPERVO Co.

P. O. BOX 38.

WATERTOWN 72 MASS.



LANKENAU HOSPITAL
PHILADELPHIA, PA.

YORK MECHANICAL REFRIGERATION

A thoroughly reliable system of refrigeration is one of the most

important considerations in hospital management.

The York System of hospital refrigeration is tried and tested, built, installed and guaranteed by the world's largest organization of Refrigerating Engineers.

The "York" is thoroughly reliable.

YORK

Manufacturing Company
Ice Making and Refrigerating Machinery Exclusively
York, Penna.

YORK MFG. CO.,
YORK, PA.

PLEASE SEND ME DATA ON "YORK"
REFRIGERATION FOR HOSPITALS.

NAME

ADDRESS

CITY

The Management of an Infant's Diet

Mellin's Food—A Milk Modifier

In the selection of a milk modifier the following factors are worthy of serious consideration:

- Quality of materials employed in the making of the product.
- Care exercised in every step of manufacture.
- Uniformity of composition of the finished product.
- Anticipated results—based upon the character of the contained food elements and records of successful use.

During the long period that has elapsed since the introduction of Mellin's Food to the medical profession, there has been ample opportunity for physicians to judge how well Mellin's Food measures up to the above-stated outstanding points of importance. That the judgment passed has, in the main, been favorable is clearly indicated by the high standard of excellence accorded to Mellin's Food by physicians generally and particularly by doctors whose practice embraces the field of pediatrics.

Mellin's Food Co., 177 State Street Boston, Mass.

All the Good of All the Wheat

is contained in Shredded Wheat—the finest of prepared natural food. Physicians have recommended it for years as the best dietary food to counteract peristalsic and other digestive impairments or disorders. BRAN, SALTS, PROTEINS, CARBOHYDRATES and VITAMINS of the *complete* natural whole wheat grain are found in Shredded Wheat in their original balanced form.

Shredded Wheat

Doctors and heads of hospitals or sanatoriums are invited to write for an informative free booklet "Ask the Doctor" to

THE SHREDDED WHEAT COMPANY
Niagara Falls, N. Y.





The Logical Place to Stop Sound

Admitting the therapeutic value of silence, the builder or supervising authorities of the modern hospital are interested in the precise and scientific manner in which sound may be stopped.

It is obvious that sound must be constantly repelled in order to insure a consistently quiet environment, and the place to stop sound is in partitions and exterior walls. The latter, as a rule, are sufficiently thick to offer a natural barrier to sound. The former demand special treatment.

Pyrobar Partition Tile stop sound—the percentage of vibrations which they will conduct is low. Hundreds of modern hospital installations attest their efficiency in this regard.

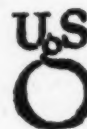
Pyrobar Partitions are also *fireproof*—positive barriers to flame.

If you will send for special information on this subject and then conduct an independent investigation you will conclude that Pyrobar is the perfect material for hospital partitioning.

UNITED STATES GYPSUM COMPANY
General Offices
Department N, 205 West Monroe Street, Chicago, Illinois

PYROBAR PARTITION TILE

Mercy Hospital, Oshkosh, Wis. Architect: E. Breilmaier & Sons; 17,500 sq. ft. Pyrobar Partition Tile used



United States Gypsum Company
Dept. N, 205 West Monroe Street, Chicago, Illinois

Please forward your special data on Pyrobar Partition Tile.

Name.....

Address.....

Representing.....

For data on all equipment and supplies consult the YEAR BOOK



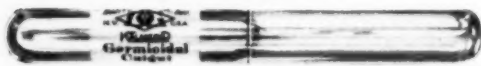
Henri de Mondeville 1260-1320

THIS shrewd and independent thinker urged his students to avoid suture trauma and interruptions in operative procedure by using grooved needles, threaded, and arranged in order prior to operating. For gastro-intestinal and membrane suturing D&G Atraumatic Needles with sutures affixed offer the modern solution to these ancient problems.

DAVIS & GECK INC. • 211 TO 221 DUFFIELD ST. • BROOKLYN, N.Y., U.S.A.

Kalmerid Catgut

GERMICIDAL. Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide.†



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

TWO VARIETIES

BOILABLE*		NON-BOILABLE
NO.		NO.
1205.....	PLAIN CATGUT.....	1405
1225.....	10-DAY CHROMIC.....	1425
1245.....	20-DAY CHROMIC.....	1445
1285.....	40-DAY CHROMIC.....	1485

Sizes: 000...00...0...1...2...3...4

Approximately 60 inches in each tube

Package of 12 tubes of a size....\$ 3.00

Gross or more, net per gross..... 28.80

Claustro-Thermal Catgut

ASEPTIC—not germicidal. For surgeons who prefer an inert suture, unimpregnated with any bactericidal substance. Sterilized by heat in cumol, after the tubes are sealed, at 165° C.—329° F. Boilable.* Unusually flexible for boilable catgut.



NO.	
105.....	PLAIN CATGUT
125.....	10-DAY CHROMIC CATGUT
145.....	20-DAY CHROMIC CATGUT
185.....	40-DAY CHROMIC CATGUT

Sizes: 000...00...0...1...2...3...4

Approximately 60 inches in each tube

Package of 12 tubes of a size....\$ 3.00

Gross or more, net per gross..... 28.80



Testing the strength and elasticity of D&G Sutures

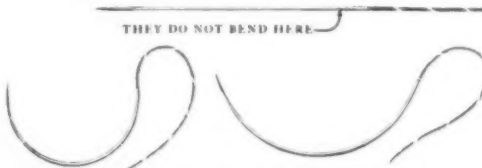
*For sterilizing the exterior of tubes preliminary to operating, not only may they be boiled but they even may be autoclaved up to thirty pounds pressure, any number of times, without the slightest impairment of the sutures.

Carriage paid anywhere in the world

Atraumatic Needles

FOR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.*

Experimental evidence has proven 20-day chromic catgut the most suitable for gastro-intestinal suturing. It has been found that gastric wounds are fully healed within 12 days, and intestinal wounds at 16 days. At these periods the 20-day catgut (regardless of size) still retains, respectively, 60 per cent and 30 per cent of its initial strength.



THEY DO NOT BEND HERE

ILLUSTRATIONS ARE FIVE EIGHTHS SIZE



STRAIGHT NEEDLES ARE IN ROUND TUBES



CURVED NEEDLES ARE IN FLAT TUBES

NO.		INCHES IN TUBE	DOZEN
1341..	STRAIGHT NEEDLE.....	28.....	\$3.00
1342..	TWO STRAIGHT NEEDLES.....	36.....	3.60
1343..	3/8-CIRCLE NEEDLE.....	28.....	3.60
1345..	1/2-CIRCLE NEEDLE.....	28.....	3.60

Gross, net, \$28.80 and \$34.56 respectively

Sizes: 0 and 1

Packages of 12 tubes of one kind and size

Kangaroo Tendons

GERMICIDAL, being impregnated with potassium-mercuric-iodide.† Chromicized to resist absorption in fascia or in tendon for approximately 30 days. The non-boilable grade is extremely flexible.



NO.	
370.....	NON-BOILABLE GRADE
380.....	*BOILABLE GRADE

Sizes: 0...2...4...6...8...16...24

Each tube contains one tendon

Lengths vary from 12 to 20 inches

Package of 12 tubes of a size....\$ 3.00

Gross or more, net per gross..... 28.80

Non-Absorbable Sutures



NO.	INCHES IN TUBE	SIZES
350..CELLULOID-LINEN.....	60.....	000, 00, 0
360..HORSEHAIR.....	168.....	00
390..WHITE SILKWORM GUT..	84.....	00, 0, 1
400..BLACK SILKWORM GUT..	84.....	00, 0, 1
450..WHITE TWISTED SILK....	60.....	000 TO 3
460..BLACK TWISTED SILK....	60.....	000, 0, 2
480..WHITE BRAIDED SILK....	60.....	00, 0, 2, 4
490..BLACK BRAIDED SILK....	60.....	00, 1, 4

BOILABLE

Package of 12 tubes of a size . . . \$ 3.00
Gross or more, net per gross . . . 28.80

Short Sutures for Minor Surgery



NO.	INCHES IN TUBE	SIZES
802..PLAIN KALMERID CATGUT..	20..00, 0, 1, 2, 3	
812..10-DAY KALMERID "	20..00, 0, 1, 2, 3	
822..20-DAY KALMERID "	20..00, 0, 1, 2, 3	
862..HORSEHAIR.....	56.....	00
872..WHITE SILKWORM GUT...	28.....	0
882..WHITE TWISTED SILK.....	20.....	000, 0, 2
892..UMBILICAL TAPE.....	24... 1/8-IN. WIDE	

BOILABLE

Package of 12 tubes of a size . . . \$ 1.50
Gross or more, net per gross . . . 14.40

Emergency Sutures with Needles

UNIVERSAL NEEDLE FOR SKIN, MUSCLE, OR TENDON



NO.	INCHES IN TUBE	SIZES
904..PLAIN KALMERID CATGUT..	20..00, 0, 1, 2, 3	
914..10-DAY KALMERID "	20..00, 0, 1, 2, 3	
924..20-DAY KALMERID "	20..00, 0, 1, 2, 3	
964..HORSEHAIR.....	56.....	00
974..WHITE SILKWORM GUT...	28.....	0
984..WHITE TWISTED SILK.....	20.....	000, 0, 2

BOILABLE

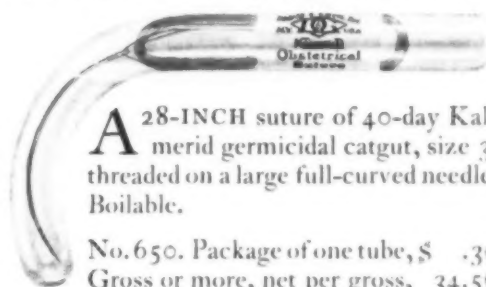
Package of 12 tubes of a size . . . \$ 2.40
Gross or more, net per gross . . . 23.04

The ash of D&G Sutures is assayed to make sure that no traces remain of uncombined chromium nor of other residues of the chromicizing process.



Obstetrical Sutures

FOR IMMEDIATE REPAIR OF PERINEAL LACERATIONS



A 28-INCH suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle. Boilable.

No. 650. Package of one tube, \$.30
Gross or more, net per gross, 34.56

Circumcision Sutures



A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle. Boilable.

No. 600. Package of 12 tubes . . . \$ 3.00
Gross or more, net per gross . . . 28.80

Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown

000	4
00	6
0	8
1	16
2	24
3	

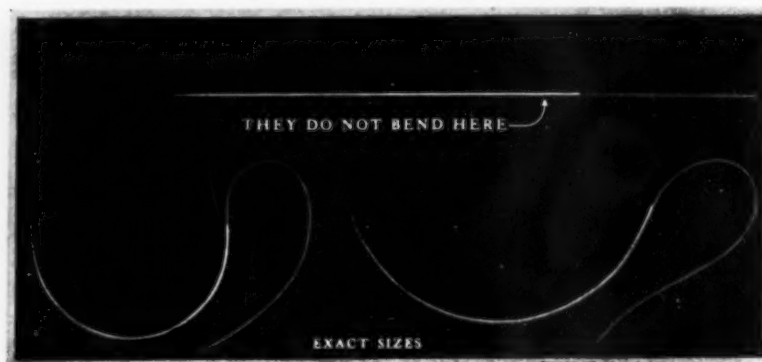
†Potassium-mercuric-iodide is one of the best germicides known. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues. It is the ideal bactericide for the preparation of germicidal sutures.

DAVIS & GECK INC. • 211 TO 221 DUFFIELD ST. • BROOKLYN, N.Y., U.S.A.

Copyright 1926 Davis & Geck Inc.

D&G ATRAUMATIC NEEDLE

with suture attached



*For gastro-intestinal suturing and for all membranes
where minimized suture trauma is desirable*

IMPROVED FEATURES: Unimpaired strength at union with suture;
firmly and permanently affixed; absolute continuity of needle and suture

**Affixed to the Boilable Grade of
20-Day Kalmerid Germicidal Catgut**

which experimental evidence has proven to be the ideal
gastro-intestinal suture. Its absorption time is correct;
it is germicidal; it is flexible



PRODUCT NO.	IN PACKAGES OF TWELVE TUBES OF ONE KIND AND SIZE	DOZEN TUBES
1341.	A straight intestinal needle affixed to a 28-inch suture.....	\$3.00
1342.	Two straight intestinal needles affixed to a 36-inch suture.....	3.60
1343.	A $\frac{3}{8}$ -circle intestinal needle affixed to a 28-inch suture.....	3.60
1345.	A half-circle intestinal needle affixed to a 28-inch suture.....	3.60

SIZES: O AND I

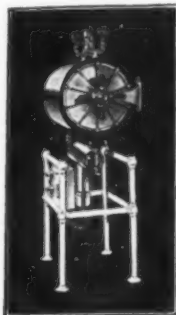
20 PER CENT DISCOUNT ON A GROSS OR MORE—POSTPAID

DAVIS & GECK INC. • 211 TO 221 DUFFIELD STREET • BROOKLYN, N.Y., U.S.A.

Providing perfect safety in sterilization, *with added convenience*

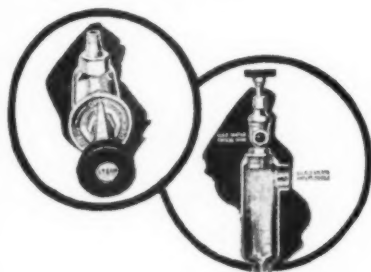
A few of the recent AMERICAN improvements:

Dressing Sterilizer door automatically locked, as long as there is pressure in the chamber—



The new American "Steam-locked" Safety Door: A demonstration with steam, at the A.H.A. Louisville meeting, proved the sterilizer sensation of the Convention. The door simply cannot be opened while there is even $\frac{1}{2}$ pound pressure in chamber.

Eliminating the waste and discomfort caused by excess steam escaping from utensil and instrument sterilizers—

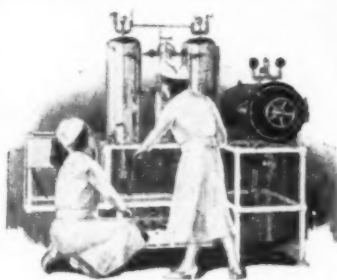


The new American "Duplex" and "Condenser" Valves, for instrument and utensil sterilizers, add greatly to attendants' comfort, while making savings that quickly repay their cost.

The "Duplex" Valve reduces the excess steam escaping from instrument and utensil sterilizers, by making it easy for the attendant to control the steam supply accurately. Once boiling is reached, this new valve admits only enough steam to maintain the temperature.

And the new "Condenser" Valve saves the hospital a considerable outlay by eliminating costly vent lines. Small jets of water condense the excess steam, returning the condensate to the waste line.

Positive protection against "burn-outs" now available on electrically or gas heated sterilizers, at additional cost.



The new American "Automatic Cut-off" puts an end to annoying and expensive burn-outs, by protecting the sterilizer in case of low water. Cuts off the heat when the water reaches the low limit, saving its cost many times over. Made for both gas and electrically heated sterilizers.

Because AMERICAN Sterilizers are now, as always, several years in advance—

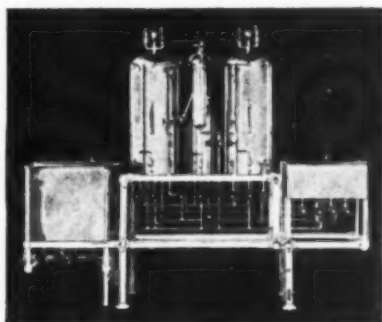
Leading hospitals still show the same preference

With the advancement of aseptic surgery, hospitals have naturally chosen their sterilizing equipment with increasing care.

And the foremost hospitals have consistently shown their preference for the most modern and efficient equipment.

Here, for example, are a few of the institutions which have recently installed or ordered "AMERICAN" Sterilizers:

Highland Hospital, Alameda, Calif.
 Johns Hopkins Hospital, Baltimore.
 Rockefeller Institute Hospital, New York City.
 Roosevelt Hospital, New York City.
 Cincinnati General Hospital.
 Jewish Hospital, Cincinnati.
 Buffalo City Hospital.
 Henry Ford Hospital, Detroit.
 Presbyterian Hospital, Chicago.
 Mercy Hospital, Pittsburgh.
 University of Penna. Hosp., Philadelphia.
 Paterson General Hospital, Paterson, N. J.
 Denver General Hospital.
 University of Chicago Hospital, Chicago.
 Long Island College Hospital, Brooklyn, N. Y.
 Sibley Memorial Hospital, Washington, D. C.
 St. Joseph's Hospital, Memphis.
 Shriners Hospitals: Chicago, Dallas, Montreal, Springfield, Portland, San Francisco, etc., etc.



THE preference for AMERICAN Sterilizers has, during the past twelve months, become more marked than ever before. This is partly due to the recent improvements shown at the left.

Before you select another sterilizer, or combination, you will be interested in reading more about these latest AMERICAN improvements. Just write us for further information.

AMERICAN STERILIZER CO., Erie, Pa.

Eastern Sales Office: 200 Fifth Ave., New York City

AMERICAN Sterilizers

and Disinfectors



AMERICAN "pack-less" valves guard against leaks and eliminate frequent repacking.

*Patients
judge a*

HOSPITAL

By the appearance of such things as these



Vollrath Solution Bowl. Steep, deep sides prevent splashing. Wide rim for ease and security in carrying with soapy hands. Broad, flat bottom to prevent accidental tipping. Made in, $\frac{3}{4}$, 1 $\frac{1}{2}$, 4, 5, 5 $\frac{1}{2}$, 7, 8 $\frac{1}{2}$ and 10 $\frac{1}{2}$ quart sizes.



Vollrath Bed Pan. Does away with the need for a separate female urinal because it is high in the front. No corners, seams or cracks to collect sediment and make cleaning difficult. Size: top, 14 x 11 $\frac{1}{2}$; bottom, 11 $\frac{1}{2}$ x 9 $\frac{3}{4}$; height, 4 $\frac{1}{2}$ x 2 $\frac{3}{4}$.



Vollrath Irrigator. Cannot leak, rust or wear out; is easily cleaned inside and out. Flange on end of spout prevents hose from slipping off. This spout cannot come off or loosen because it is gas-welded and made one with the vessel itself. Made in 2 and 3 quart sizes.

Bed pans, urinals, irrigators, pus pans are hospital things that patients come into contact with daily. They must *look* clean as well as be clean.

If a hospital's enameled ware is stained, crazed or chipped, the impression made on the mind is not complimentary to the hospital. That impression is apt to get spread around, too, for patients have been known to talk about such things.

Vollrath Ware is your safest assurance that such clinical and nursery equipment is as near perfection as science and industry, working hand in hand for fifty-two years, can make it.

For the surfaces of Vollrath vessels are *snow white*, and they stay that way for a surprisingly long time. These surfaces have three coats of vitreous porcelain enamel baked on at a temperature of 1700 degrees.

As a result, they are non-porous. They absorb nothing and are slow to stain.

They are easy to clean. There are no seams, rivets, corners or crevices to hold dirt or germs. Hot water and suds are ordinarily enough to clean them perfectly.

Vollrath Ware stands up under steam pressure sterilizing without crazing or cracking. Sudden changes in temperature do not affect it. Because its base is heavier than other brands, chipping is reduced and Vollrath Ware lasts longer.

Handles, spouts, ears and other attachments are gas-welded. They cannot come off, become loose and cause leaks because they are made one with the vessel itself.

This page shows only a few Vollrath hospital items. There are many more. Consult your regular supply house or write us for full information.



Vollrath Toilet Pitcher. Broad, flat base prevents accidental tipping and narrower top reduces splashing when being carried. Handle is placed so as to make pouring easy and lip so curved as to pour without back-flow or dripping. Handle is made integral with the pitcher itself by gas-welding. It cannot break off, work loose or cause a leak. Made in 3, 4 and 6 quart sizes.

Vollrath Hospital Cup. Cover with thumb control and hinged to handle. Handle cannot break off, come loose or cause leaks because it is gas-welded and made one with the cup itself. Capacity, $\frac{1}{2}$ quart.

THE VOLLRATH COMPANY

Sheboygan, Wisconsin

Established 1874

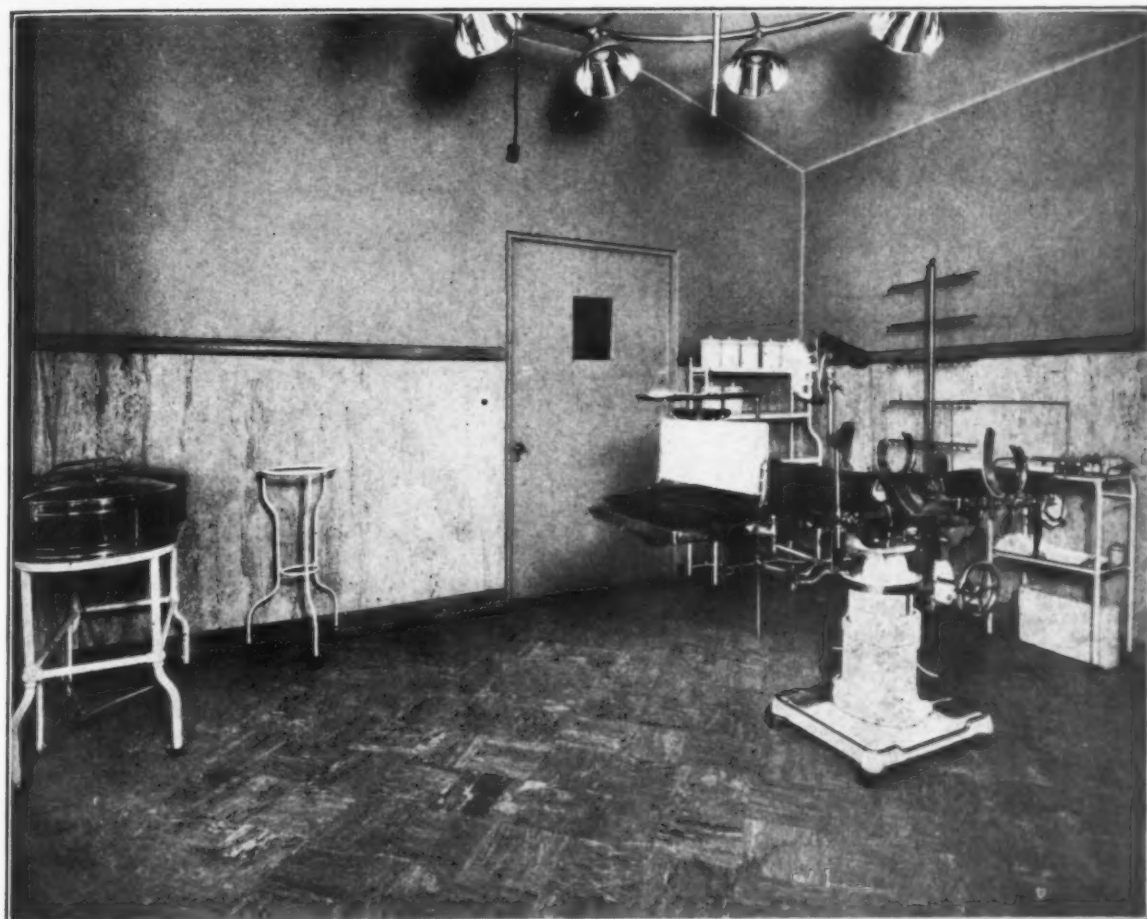
VOLLRATH WARE

Vollrath Male Urinal. No seams or rivets to gather sediment; it can be easily flushed out; the handle cannot come off because it is gas-welded. The urinal will lie flat without tipping, and will not easily break, crack, nick or stain.

Vollrath Pus Pan. Properly shaped to fit the curves of the body; light to handle; does not tip easily; all surfaces smooth and rounded. In three sizes: 7 $\frac{1}{2}$, 9 $\frac{1}{4}$ and 11 $\frac{1}{2}$ inches long.

VOLLRATH
THE VOLLRATH CO.
SHEBOYGAN, WIS.

For data on all equipment and supplies consult the YEAR BOOK



Surgical Room, Methodist Hospital, Los Angeles, Calif.

"U. S." Tile—the floor that meets every hospital requirement

NO other section of the hospital structure must encounter such continual frictional wear as your floors. They play an important part in the daily activities of your institution—choose them with care.

"U.S." Tile—skillfully compounded from the finest rubber, represents the perfected result of over twenty-five years' experience in the manufacture of fine rubber floors by the United States Rubber Company, the world's largest growers, manufacturers and distributors of rubber and its products.

Experienced hospital executives know that rubber is the ideal flooring material for hospital service. "U.S." Tile—durable—beautiful—sanitary—noiseless—easily cleaned—is the logical choice in hospital floors.

May we advise you when you are considering floor problems?



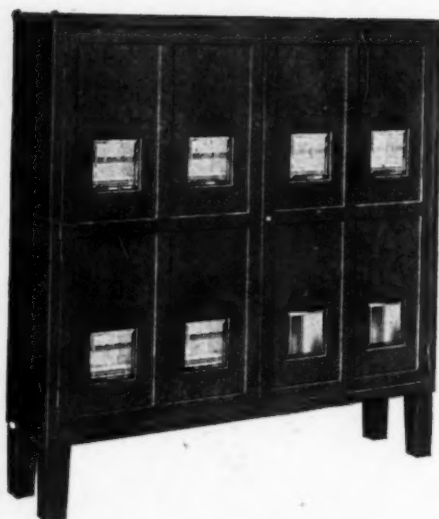
United States Rubber Company
1790 Broadway, New York City

Branches in the following cities:

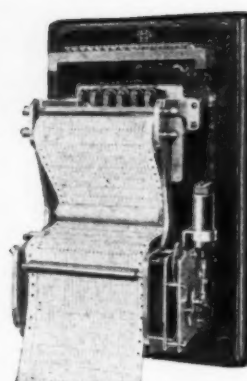
Atlanta, Ga.	Indianapolis, Ind.	Rochester, N. Y.
Baltimore, Md.	Kansas City, Mo.	St. Louis, Mo.
Birmingham, Ala.	Los Angeles, Calif.	St. Paul, Minn.
Boston, Mass.	Memphis, Tenn.	Sacramento, Calif.
Buffalo, N. Y.	Milwaukee, Wis.	Salt Lake City, Utah
Chicago, Ill.	Minneapolis, Minn.	San Francisco, Calif.
Cincinnati, Ohio	New Orleans, La.	Seattle, Wash.
Cleveland, O.	New York City, N. Y.	Spokane, Wash.
Columbus, Ohio	Omaha, Nebr.	Springfield, Mass.
Dallas, Tex.	Philadelphia, Pa.	Syracuse, N. Y.
Des Moines, Ia.	Pittsburgh, Pa.	Toledo, Ohio
Detroit, Mich.	Portland, Ore.	

"U.S." Tile Flooring

Holtzer-Cabot



Elapsed Time
Recorder
(Cabinet Style)



Elapsed Time Recorder Unit

SERVICE PLUS PROTECTION

This Holtzer-Cabot Elapsed Time Recorder, in connection with our Nurses' Call System, keeps an accurate record of the time required for a nurse to answer each call.

Only by means of this automatic recording instrument can the Superintendent have correct supervision of the attention given to patients at all times of the night and day.

Every nurses' call in your Hospital from the time the patient presses the button until the nurse answers is positively recorded.

This record is easily read by the Superintendent and is in a form that can be filed for future reference and protects the nurse from unjust complaint.

*Send for the Nurses Signal "Brochure"
which explains this system in detail.*

MANUFACTURERS OF SIGNALING DEVICES FOR OVER FIFTY YEARS

HOLTZER-CABOT ELECTRIC CO.

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More than skin deep

ATTRACTIVE today . . . each Stedman Floor remains uniformly attractive even after years of harsh abuse, because the beauty . . . the veinings and soft colorings run through the entire depth of the reinforced rubber.

For your reception room, corridors, lobby and wards, Stedman Floors will prove attractive and economical because their beauty is more than skin deep.

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Wellesley College, Wellesley, Mass.

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Stedman

REINFORCED RUBBER FLOORING



The CHAIRMAN of the Hospital Board says :

"I'm glad to see that our management has adopted Mission Orange. Bottled orange juice means new economy and sanitation in our kitchens."



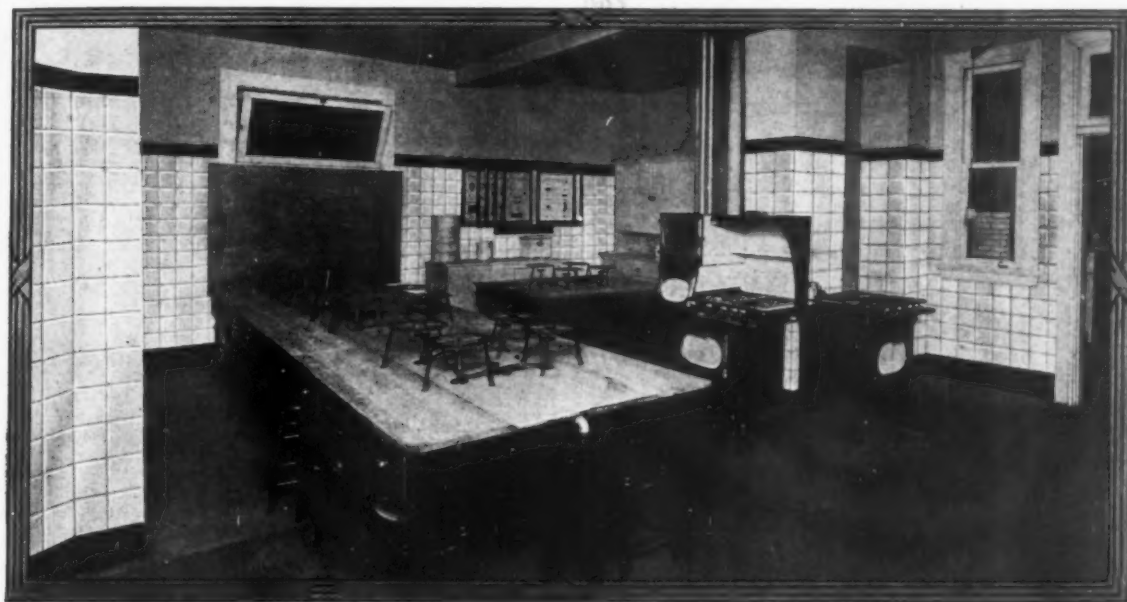
HOSPITALS that have once enjoyed the convenience of Mission Orange juice will never again return to the mussy, wasteful method of squeezing oranges by hand.

Mission Orange is real orange juice sweetened to taste with pure cane sugar and "cold-packed" in gallon glass jugs, ready for instant serving. One gallon of Mission Orange juice makes five gallons of orangeade.

Our nearest Mission distributor will be glad to demonstrate Mission juices (orange, lemon or grapefruit) in your own kitchen. Let us send you his name.



CALIFORNIA CRUSHED FRUIT CORPORATION... LOS ANGELES



Diet Kitchen—finished in gray tile pattern SANI ONYX

SANI ONYX

A VITREOUS MARBLE

A PRODUCT OF THE MARIETTA MANUFACTURING COMPANY

makes positive sanitation easy

WITH SANI ONYX your walls, ceilings and wainscot are as easily cleaned as a china dish. Added to this ease in maintenance is permanent beauty. SANI ONYX has no pores to hold dirt, does not crack or flake. When once installed it is as permanent as the building itself. (Five beautiful colors, ivory, white, blue, black and special No-Glare Gray make dignified and pleasing decorative effects easy to secure in whatever application you may make of SANI ONYX.

Send for Special Hospital Booklet

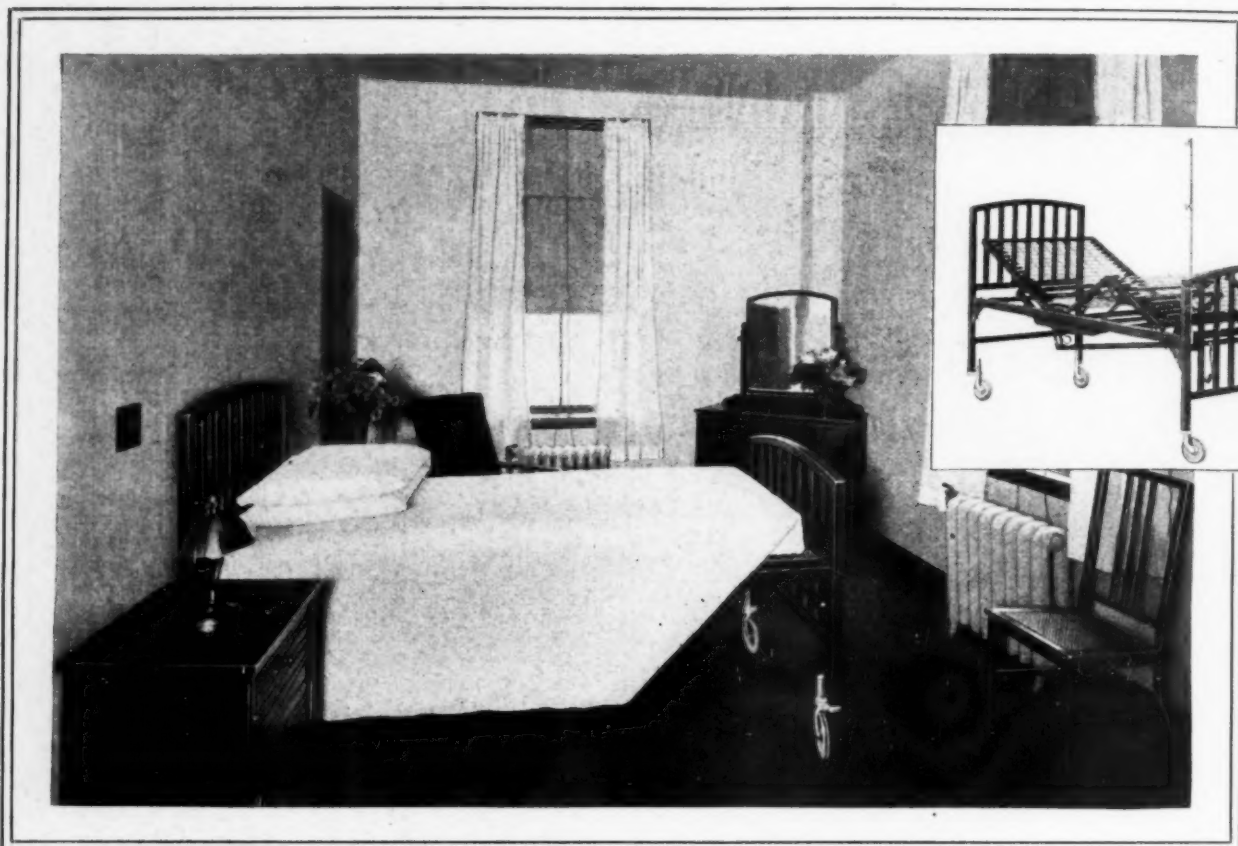
It illustrates the use of SANI ONYX throughout the modern hospital, from surgery to kitchen. It is rich in useful suggestions for everyone interested in hospital planning, building and management. It is a short text on interior finishing for hospitals. Send for your free copy.

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Distributors in principal cities throughout United States and Canada



*A few of the many
hospitals using
the Henry Ford
Hospital Bed*

Henry Ford Hospital
Detroit, Michigan
University of Wisconsin
Hospital
Madison, Wisconsin
Alliance City Hospital
Alliance, Ohio
Matty Hersee Hospital
Meridian, Mississippi
Laurence Memorial
Hospital
Medford, Massachusetts
Hunts Point Hospital
New York City
Finley Hospital
Dubuque, Iowa
Eugene Hospital
Eugene, Oregon
State Hospital of the
Northern Anthracite
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Pennsylvania
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West Nebraska
Methodist Hospital
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Imagine a hospital without beds!

It needs but little reflection to discover that no equipment in a hospital is more important than its beds. They are the patient's place of rest and convalescence. In the degree that they minister to his comfort and peaceful well-being, by just so much do they aid in speeding his recovery.

The Henry Ford Hospital Bed was definitely designed not only to offer the summit of comfort to patients, but also to provide the greatest ease of adjustment and slowest depreciation

for the management. The ingenious and simple mechanism is extra-strong at all points of wear. The crank operates smoothly under load, quickly and almost effortlessly. The big rubber-tired wheels swivel and glide with an even ease that does not disturb even the most irascible patient.

Let us send you all the facts that have made the Henry Ford Hospital Bed famous as the ideal choice for new hospitals, additions, and replacements.

THE SIMMONS COMPANY, 666 LAKE SHORE DRIVE, CHICAGO

Address Contract Department

SIMMONS

Henry Ford Hospital Bed

FOR HOSPITALS AND INSTITUTIONS



New building for the Samaritan Hospital, Philadelphia, Pa. Amos W. Barnes, Architect. Durable, quiet and comfortable floors of Gold Seal Battleship Linoleum and Treadlite Tile were installed in private rooms, nurses' quarters, corridors, offices, waiting rooms and elsewhere.

The essential quality in hospital floors—

Quiet, comfort, ease of cleaning, sanitary waterproofness, attractiveness—these qualities are recognized as desirable. All of them are available, to a greater or less degree, in some of the floors and floor-coverings offered for hospital use.

But in that list an absolutely essential quality—assured durability—is missing. In hospital floors of Gold Seal Battleship Linoleum, installed by Bonded Floors Company, the durability of all the desirable qualities is assured.

First, by the modern methods and the painstaking care of Bonded Floors installation. Skilled and experienced Bonded Floors workmen—specialists—install Gold Seal Linoleum so that it is a practically seamless, sanitary and permanent floor.



Second, by the excellence of the material itself. Gold Seal Battleship Linoleum conforms to the exacting U. S. Government Specifications for battleship linoleum. Made in our own mill, every single step of its manufacture is carefully watched to insure the uniform quality necessary for real durability.

Third, by the Bond. Our responsibility for our floors starts at the factory—and does not end when the last workman walks off the job! A Guaranty Bond against repair expense (issued by U. S. Fidelity and Guaranty Co.) is obtainable on every Bonded Floor installed according to Bonded Floors specifications.

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Resilient Floors  *for Every Need*



INDUSTRY'S IMPREGNABLE DEFENSE AGAINST DECAY

"R. I. W." products are a guard, an impregnable defense, ranged between Industry's millions of invested capital and the driving forces of blind destruction.

Throughout the world, whether on the steel frame of a Manhattan skyscraper, the machinery of a sugar mill in Cuba, or a foundation embedded in oozing shale, an "R. I. W." protective coating bears the brunt of slashing rain, damprot, biting acids, and blistering sun.

Whatever Industry's problems, no matter how exacting its test, these technical paints, varnishes and waterproofing compounds meet every requirement—their value gauged in super-protection, money saved, usefulness unimpaired.

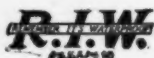
New problems demanding special remedies are continually being solved by "R. I. W." Engineers. If, in the wide range of "R. I. W." products there is not one that meets your specific needs, special research will evolve it for you.

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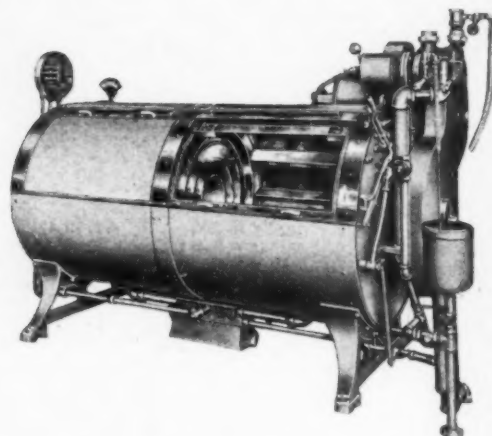


Waterproofing
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Remember It's Waterproof

HENRICI



The ideal washer for hospitals

STUDY the equipment of important new hospitals, and you will find Henrici Washers have won for themselves a conspicuous place. The following are a few of the many reasons for their growing use—

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Henricis wash twice the work done by wooden washers.

Henrici all-metal construction is most sanitary and easy to keep clean.

Henricis are used under certain conditions to give a sterilizing effect.

Henricis save 20% and more of soap, water, and supplies.

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* * *

Whether you use ten washers or one, you can profit by these exclusive Henrici advantages. We shall be glad to give you facts and figures showing what other hospitals accomplish with Henrici Washers, as well as specific information about what they will do for you.

HENRICI LAUNDRY MACHINERY CO., Boston 26, Mass.

HENRICI WASHERS

SPEEDY - ECONOMICAL - DURABLE

Vorclone

Drying Tumbler

The First and Only

Dry-By-Air Process

THE Vorclone Suction Device is the most important invention in years in the field of laundry engineering. Develops cyclonic air currents which permeate the clothes with tremendous volumes of mild, warm air. Only through this exclusive Vorclone principle—originated by Vorclone engineers and fully protected by patents—is it possible to dry clothes rapidly and perfectly at 125°.

Vorclone low temperature drying is particularly important in hospital laundries. Not only cuts drying costs, but also eliminates heat damage to textile fibres, effects big savings in linen replacements. No scorching. No discoloration. No shrinkage. No unpleasant odor. No lint accumulation.

Mail the coupon for complete data on hospital installations.

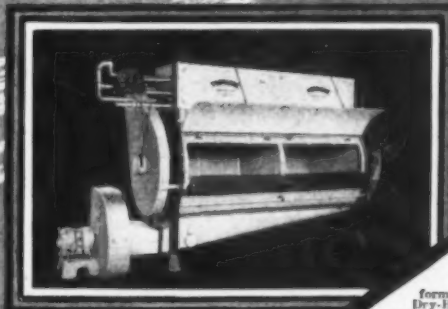
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Vorclone
Company
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Please send me complete information regarding the Vorclone Dry-By-Air Process and the drying results obtained in hospital laundries.

No. of Beds.....

Name of Hospital.....

Attention of.....

Address.....

City..... State.....

M. H.

Marking Hospital Linens

If you wish to reduce your loss of linens, towels, uniforms and similar hospital property—

If you wish to date your linens or mark them by floor or division with a permanent, easy-to-read mark, you will be interested in the National Markwell Machine.

Marking Hospital Laundry

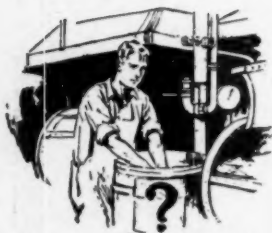
Other National Machines are made especially for marking Hospital Laundry. The neat, easy-to-read National marks of identification speed up your sorting and eliminate your "loss claims."

Send for literature giving detailed information.

The National Marking Machine Co.

4042 CHERRY STREET, CINCINNATI, OHIO

**Do You
Just Wash or do you wash scientifically?**



IF THERE'S any place where scientific methods should have full support, that place is the hospital.

Think of the advances that have been made in medicine, nursing, hygiene, dietary—but are you still washing with the methods of 10 years ago?

The Cowles Service Man can show you how to put science to work in your laundry just as effectively as you have put it to work in every other department.

It will mean better washing—clean, soft, white—and longer life for your linens. Write us.



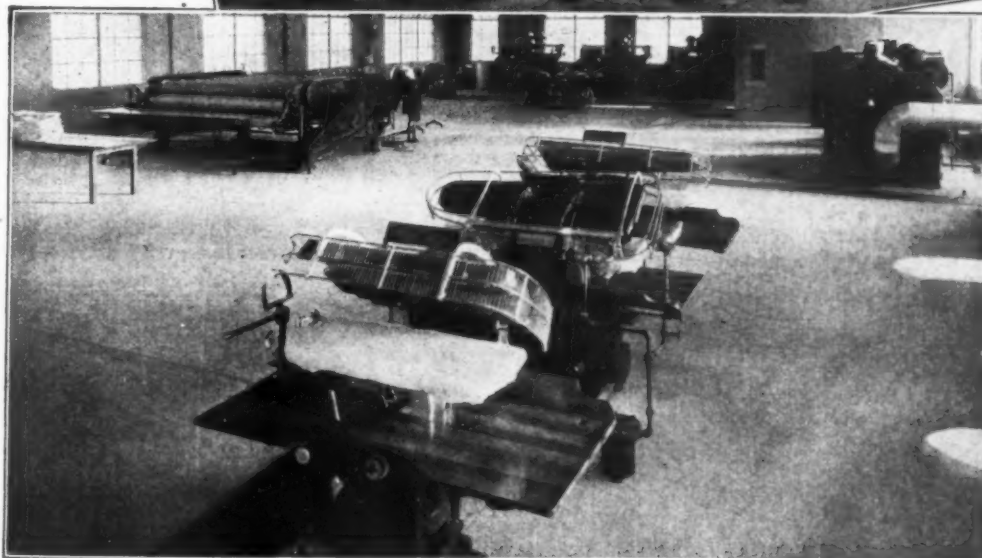
The Cowles Detergent Company
525 Commonwealth Building
Euclid Avenue and East 102nd Street Cleveland

ESCOLITE
PRESERVES THE GOODS





The Olive View Sanatorium, San Fernando, California.



The American Monel Metal Cascade Washers in the Olive View Sanatorium's laundry. Each of these washers does as much work as three or four ordinary wood washers, and does it quicker and better, with a saving of water, supplies, labor, time and floor space.

The laundry of the Olive View Sanatorium, completely equipped with "American" machines. In the background are the Cascade Washers and under-driven extractors; to the right, the Thermo-Vento Drying Tumbler; to the left, the Flat Work Ironer; and in the foreground, the Prim Presses.

For Olive Viewand for you, too

These illustrations deserve more than a glance, for they show the layout of the model laundry which is solving the laundry problem for the Olive View Sanatorium of San Fernando, California.

And Olive View is only one of hundreds of the country's leading hospitals and institutions completely equipped with modern, labor-saving "American" machines. The pictures tell some of the reasons for this—the hospital rec-

ords tell the rest. A plentiful supply of snowy, fresh linens at all times; a minimum stock because of the speed with which soiled linens are washed, ironed and returned to service, and direct supervision of the important feature of hospital laundry work.

The "American" engineers who laid out and installed the laundry in the Olive View Sanatorium are at your service. A request will bring full details.

The American Laundry Machinery Company Norwood Station, Cincinnati, Ohio

The Canadian Laundry Machinery Co., Ltd., 47-93 Sterling Road, Toronto 3, Ont., Canada
Agents: British-American Laundry Machinery Co., Ltd., Underhill Sts., Camden Town, N. W. I., England



The Lake View Hospital, Danville, Ill. If you have hard water, you will benefit by reading their experience.

What the Lake View Hospital Gained by Softening its Water Supply

UNDER efficient management the Lake View Hospital at Danville, Illinois, has earned a widespread reputation as a private institution that ranks with the best among modern hospitals. It maintains 100 beds for general patients, a dispensary, and a nurses' training school, all of which are excellently equipped, while it has been able to retain a staff of doctors considerably above the average for institutions of its kind.

For many years, however, they were conscious of a problem that had not been solved, and that caused much annoyance and extra expense throughout the entire institution. They had hard water.

At first thought this may not sound very serious, but it can and does influence the cost of maintenance, the comfort of patients, the all around efficiency and service of every hospital to a considerable degree.

Hard water is a costly handicap in the laundry. It leaves blankets and linens dull or grayish in color with a harsh feel that lacks the appeal of soft snowy fabrics which have been washed in soft water. It wastes approximately half of all the soap and soda used, and reduces the life of linens one third.

It forms lime deposits in hot water pipes that interfere seriously with the flow of water. It often clogs sterilizers and deposits a thin scale on instruments.

In the boiler plant hard water forms scale in boiler tubes, causes frequent expense for cleaning or replacing burned out tubes, makes the engineers'

work more difficult in a dozen ways. In the kitchen it makes the removal of grease difficult, the washing of dishes and glassware and the scouring of utensils a hardship. It makes routine work harder and more costly in a hundred ways.

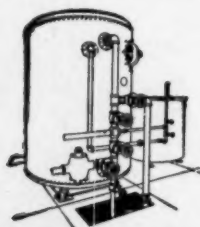
Realizing all this the Lake View Hospital finally determined to do away with the hard water pest forever, and with this in mind called in The Permutit Company. The water was analyzed, conditions studied carefully, and in December 1923, a Permutit Water Softening plant was installed to remove absolutely all hardness from their water supply.

The results exceeded their expectations. A substantial saving was effected in soap and cleaning materials throughout the institution. Linens took on a snowy freshness never known before. Boiler and sterilizer troubles disappeared, cleaning work of all sorts became easier, and the entire service of the hospital benefitted. Patients noticed the difference in washing and bathing, they remarked about the softness of sheets and blankets, they frankly enjoyed these comforts.

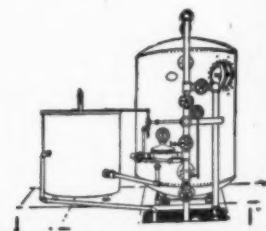
This experience of the Lake View Hospital is not an unusual one. Several hundred hospitals in all parts of the country which have installed Permutit water softeners are today enjoying similar benefits.

And you too can profit by the use of soft water. No matter whether your hospital is large or small, there is a Permutit Water Softener to fill your requirements. Send for a free copy of our booklet "Reducing Costs and Improving Hospital Service with Soft Water." It will pay you to read it.

No obligations—send for free copy today.



Permutit
water softeners
Take all the hardness out of water



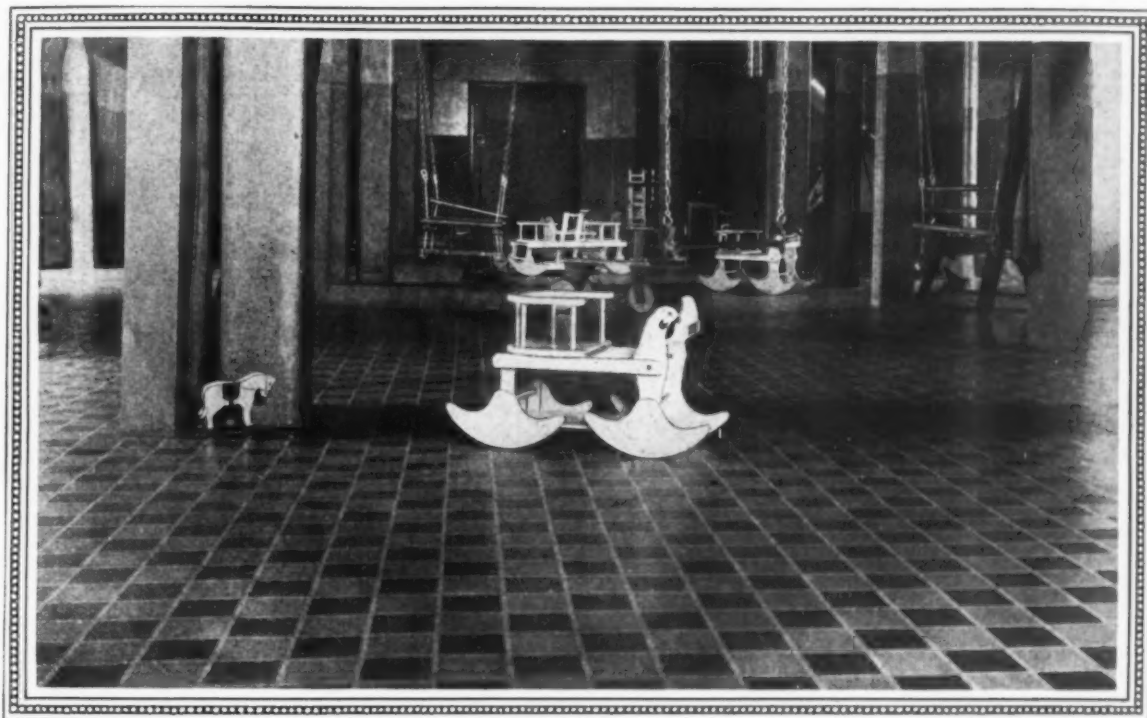
The PERMUTIT COMPANY • 440 Fourth Avenue • NEW YORK

For data on all equipment and supplies consult the YEAR BOOK

Armstrong's Linoleum

for Every Floor in the House

Look for the Circle A
Trade Mark on the Linoleum



In the Riley Hospital, Indianapolis, Ind. A floor of Armstrong's Inlaid Linoleum No. 5057.

Where Children Creep—a Smooth, Clean Floor

THE wise hospital manager considers the needs of his individual patients. A soft-voiced nurse and a clean bed—the curly-headed mischief maker at the romping or creeping stage wants more than that.

The Riley Hospital, in Indianapolis, Ind., understood the needs of their little patients when they planned this airy room, with its frieze of nursery pictures, corrective gymnastic equipment, cavalcade of rocking horses, and Armstrong's Linoleum floors.

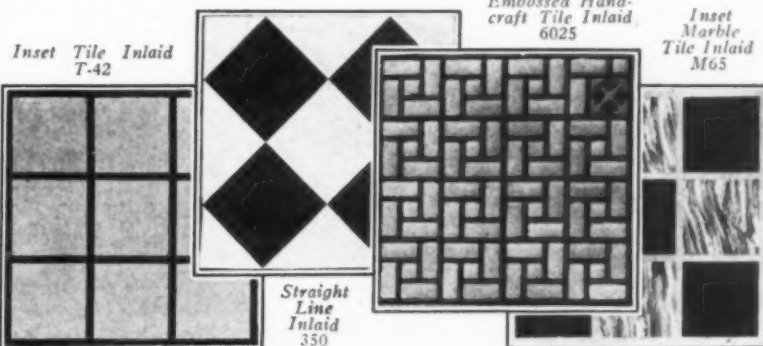
The selection of a floor is doubly important in the children's room, and the Riley Hospital authorities are well pleased with their choice. The clean tan and brown tile linoleum is

cheerful and bright. Its smooth surface will not scratch or splinter tiny hands and knees. Permanently laid over a felt lining, the linoleum is warm and comfortable. It protects the health of the children, and cuts cleaning costs.

Beauty, cleanliness, comfort, economy—these four qualities make Armstrong's Linoleum an ideal floor for your playroom or nursery. And, for that matter, what more do you demand in a floor for the entire hospital?

Are you interested in linoleum? Then write for

a copy of our book which contains plates of the latest designs. Address Armstrong Cork Company, Linoleum Division, Lancaster, Pennsylvania.





MATERNITY HOSPITAL, CLEVELAND, OHIO

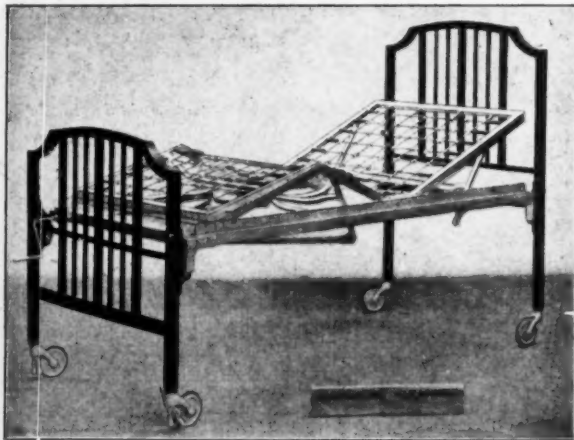
The Hall Bed illustrated below has been selected for and installed in this new Maternity Hospital, Cleveland. This is but another example of the widespread use of Hall Beds in hospitals of all types, where quality, beauty and durability are essential.

Hall

Established 1828

Some other maternity and general hospitals with maternity wards, using Hall products follow:

Homeopathic Hospital, Pittsburgh, Pa.
Hartford Hospital, Hartford, Conn.
Union Memorial Hospital, Baltimore, Md.
Barnes Hospital, St. Louis, Mo.
University Hospital, Rochester, N. Y.
University Hospital, Ann Arbor, Mich.
Herman Hospital, Houston, Texas
Allison Hospital, Miami Beach, Fla.
Chester Hospital, Chester, Pa.
Hackensack Hospital, Hackensack, N. J.
Holy Name Hospital, Teaneck, N. J.
New England Deaconess Hosp., Boston, Mass.



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Dougherty's

The "Faultless" Line

Complete
Hospital Equipment
and
Supplies

The following quotation from a letter received from a customer tells its own story.

"We have unpacked and placed your entire carload of furniture and are very much pleased with the equipment that we purchased from you and will always be glad to speak a good word for the 'Faultless' Line."

H. D. Dougherty & Co.
17th St. & Indiana Ave.
Philadelphia



SPARKLINGLY transparent, this Gelatine Dessert Fruit Salad fairly glows with the deep gold of juicy-sweet oranges, the vivid red of plump cherries, the yellow of sugar-sweet pineapple, combined with Gumpert's Orange Gelatine Dessert. *And it earns 300% profit.*

Complete with fruit, this pan of Gumpert's Orange Gelatine Dessert Fruit Salad costs you only 90 cents to prepare. It contains 35 portions which, sold at 10 cents, net you \$3.50. A profit of — 300%.

Featured in the spotless white enamel Gumpert Bain-Marie, this delicious gelatine dessert is a great summertime favorite and profit-builder. We supply the Gumpert Bain-Marie to any Hotel, Restaurant, Club or Institution desirous of featuring this service, at \$2.50 per set.

Gumpert's

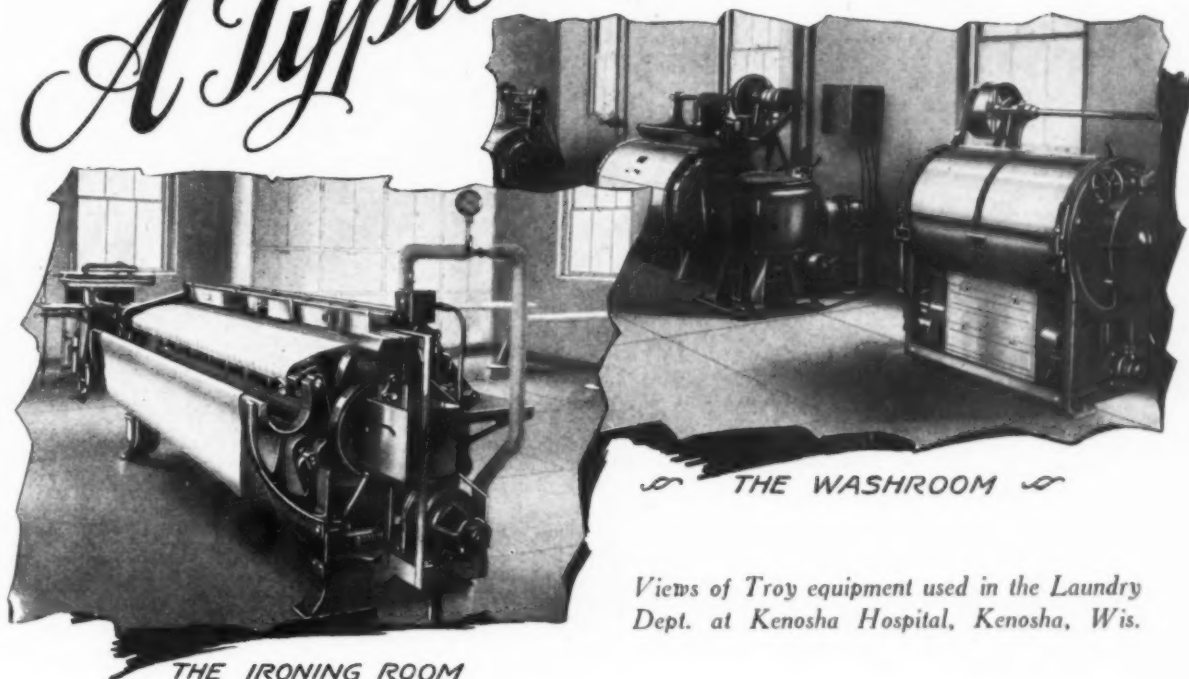
Gelatine Dessert



A Product of S. Gumpert Co. Inc. Brooklyn, N.Y.



Showing A Typical Installation



Views of Troy equipment used in the Laundry Dept. at Kenosha Hospital, Kenosha, Wis.

If you are planning on installing your own laundry department—permit us to send one of our representatives to consult with you regarding your requirements. Years of service to Hospitals gives the Troy Laundry Machinery Company an enviable fund of information on the desires and needs of the hospital superintendent of today. Whether a large or small institution we are prepared to meet your demands.

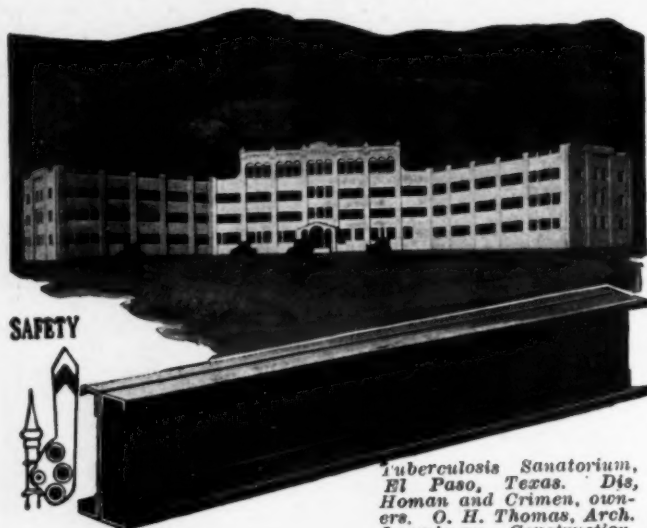
TROY LAUNDRY MACHINERY CO., LTD.

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Utmost Protection at the Minimum Cost



*Tuberculosis Sanatorium,
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Steel Joists throughout.*

FIRE safety is nowhere more important than in hospitals and you get a high type of fire safe floor with Truscon Steel Joists at a cost as low as for wood. You also get other important advantages. The rigidity of Truscon Steel Joists assures absence of troublesome vibration. Truscon Steel Joist floors contribute greatly toward noiselessness in the hospital building. Furthermore, in speed of erection and economy of materials Truscon Steel Joists effect marked savings. You get the utmost protection at the minimum cost.

Catalog free on request

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Railroad Dept.: 165 E. Erie St., Chicago, Ill.*

Foreign Trade Division, New York

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Trussed Concrete Steel Co. of Canada, Ltd., Walkerville, Ont.

★ TRUSCON STEEL WINDOWS

*A complete line of Steel Buildings, Steel Windows, Metal Lath, Steel Joists, Steel Poles, Concrete Reinforcing for Buildings and Roads, Pressed Steel Specialties, Waterproofing & Technical Paints. Truscon maintains Engineering and Warehouse Organizations thruout the Country.



Why Cook it?

Satin Finish Sizing entirely eliminates the cooking and preparatory operations necessary when using ordinary starch. Why continue to waste time and labor cooking starch?

Use Satin Finish RAW —over the wheel

Sprinkle it over the wheel while running the last rinse or blue water—like snowflakes it instantly dissolves and the action of the water forces it right into the inside fibres of the threads of the fabric.

Satin finish penetrates and reinforces giving a flexible stiffness that is invisible to the eye and resistant to wear. Ironing brings out that soft, satin like sheen so admired in new coats, aprons, caps and gowns, and which cannot be replaced by ordinary starch.

Let us send you a three pound sample bag—enough for several trial loads so that you can see the difference yourself.

The KEEVER STARCH COMPANY

*Hospital Department
COLUMBUS, OHIO*



SIZE
—don't
starch

for
coats
aprons
gowns
caps

Put **MARBLELOID** on your floors and your troubles fly out of the window



When you give an order for a Marbleloid floor in a hospital building you sign a declaration of independence against the whole gang of floor troubles, annoyances and upkeep expenses.

Learn why! Mail the coupon for Marbleloid Flooring illustrated literature. You'll receive pages of floor facts, easy to read.

Use Coupon—

Literature Mailed Promptly

The Marbleloid Co., Pennsylvania Bldg., N. Y. C.
Send literature about Marbleloid Floors.

Name

Hospital

City..... State.....

EXTERMINATING Germ Laden Dust

Dirt is carried in on the shoes of visitors, and deposited upon the floors, there to be pulverized, kicked and scuffed by the tramp of feet, circulated throughout your whole building, penetrating the kitchens, pantries, the sick-rooms—yes—even your operating rooms are not immune from this germ-laden air.

For your protection you must attack it at the source. The Lincoln Twin Disc will eliminate this danger. As easy to operate as a vacuum cleaner. The brushes are long-lived, and being used in pairs the tendency to pull away from the operator is eliminated. It will scrub your floors till they shine—quickly and easily. By a simple interchanging of discs, this machine



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Does the Work of 10 Men

Write for our Free Trial Offer

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**LINCOLN-SCHLUETER
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Recent Glass Lined Laundry Chute Orders ★ ★ ★

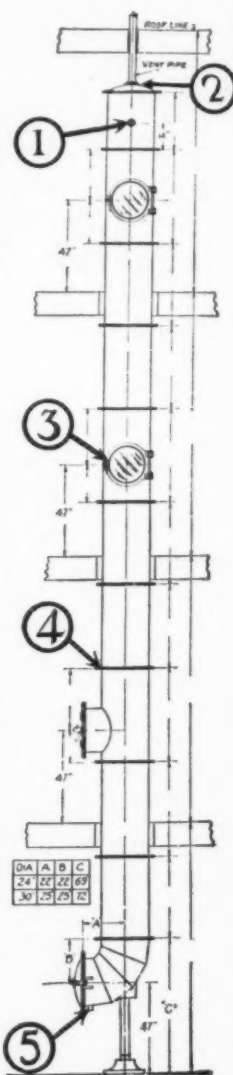


—include the following:

Queen of Angels Hospital,
Los Angeles.....1 chute
Flower Hospital,
Toledo, Ohio.....1 chute
St. Vincent's Hospital,
Los Angeles.....1 chute
Northwestern Hospital,
Minneapolis2 chutes

The drawing at the right is taken from our booklet giving complete details. Referring to diagram:

1. 1½" pipe bushing for connection to water service pipe. This is for flushing the chute and keeping it sanitary.
2. 3" coupling for ventilator pipe.
3. German silver door fitted with plate or polished wire glass—this is the only part of chute which shows on each floor.
4. Special "Pfaudlerite" Gasket for each joint.
5. 2" standard pipe outlet threaded for drain connection carrying off water after flushing.



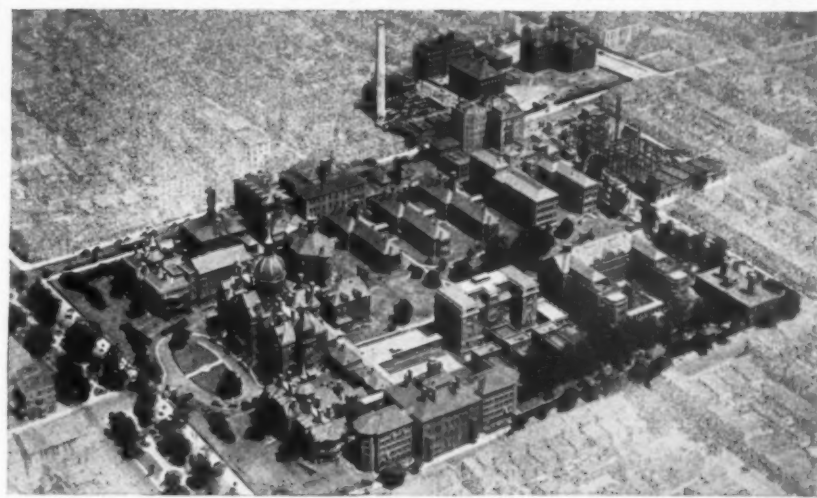
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complete
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The Pfaudler Company
Laundry Chute Division
ROCHESTER, NEW YORK

LAUNDRY CHUTES
PFAUDLER
glass lined

FLOORING



Air view of Johns Hopkins Hospital, Baltimore

To this famous institution is being added a new unit.

JOSEPH EVANS SPERRY is the Architect; M. A. LONG CO., Builders

DURAFLEX-A FLOORING has been chosen for the entire new unit of Johns Hopkins Hospital—100,000 square feet. Duraflex-A was selected after four years of severe tests and rigid comparisons of its advantages over other materials. The solid, seamless, rubbery surface of Duraflex-A will also be your choice if you test it! Duraflex-A is used extensively by leading architects in office buildings, schools, and hospitals.

Write your name and address on the bottom margin—tear on the dotted line and mail to us for COMPLETE INFORMATION.

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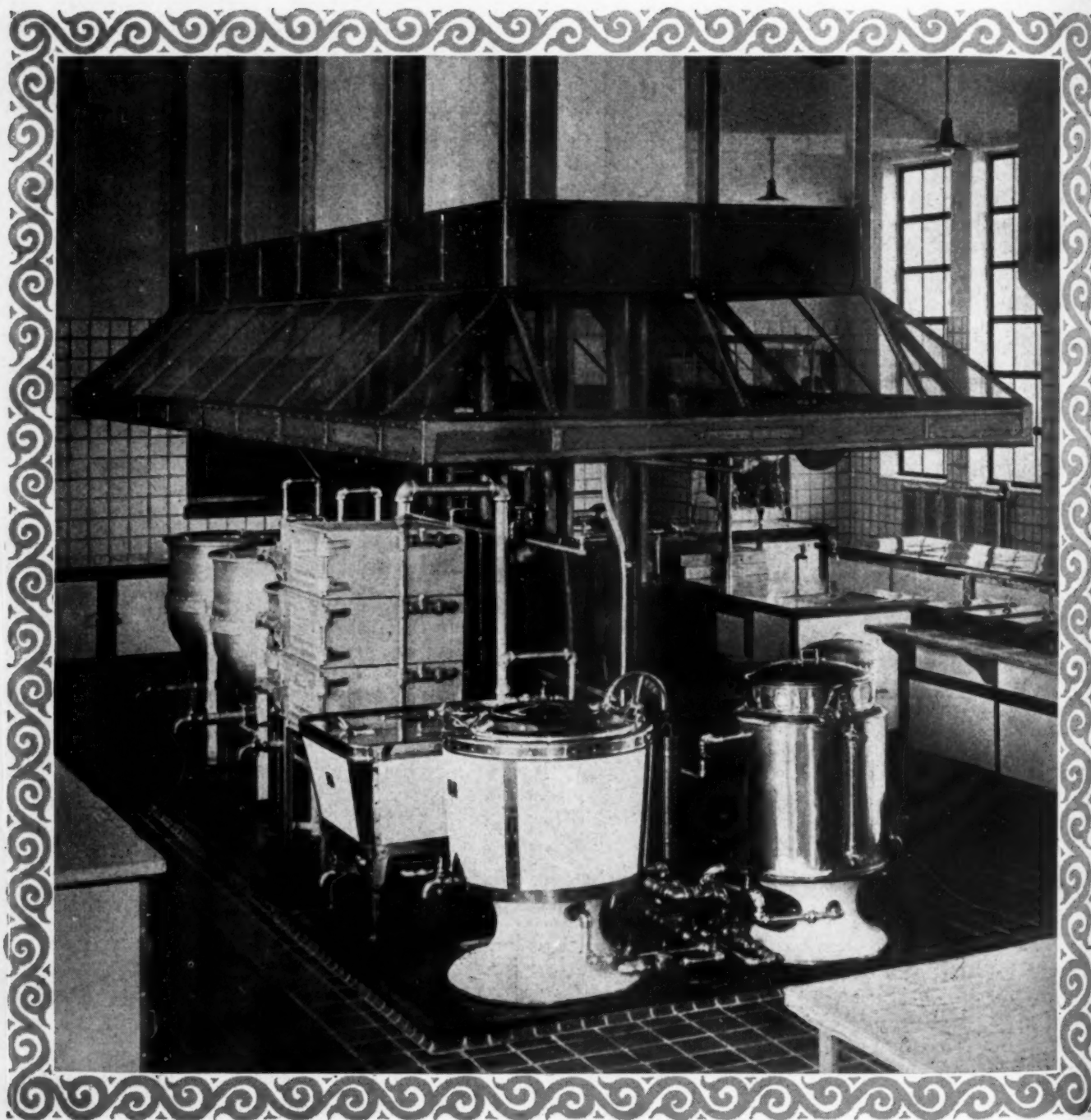
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by LOUIS H. KAISER, President

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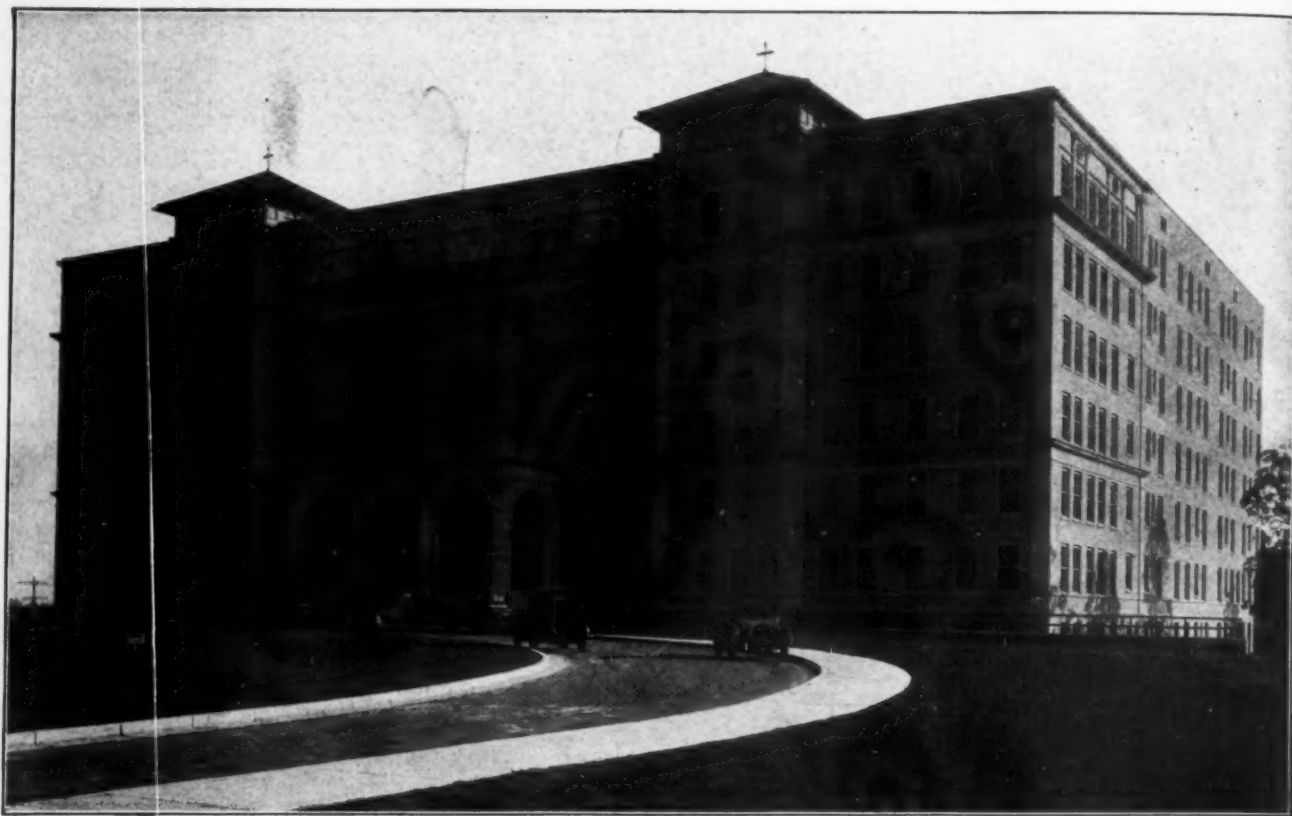
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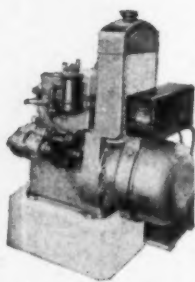
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DIRECTORY OF HOSPITAL and ALLIED ASSOCIATIONS

- American Association of Hospital Social Workers.**
President, Mabel Wilson, Children's Hospital, Boston, Mass.
Secretary, Lena R. Waters, 30 E. Ontario Street, Chicago.
Next meeting, Cleveland, May 25 to June 2, 1926.
- American College of Surgeons.**
President, Dr. Rudolph Matas, 2255 St. Charles Ave., New Orleans, La.
Director General, Dr. Franklin H. Martin, 40 E. Erie St., Chicago.
Next meeting, Montreal, October 25-29, 1926.
- American Conference on Hospital Service.**
President, Dr. S. S. Goldwater, Mt. Sinai Hospital, New York.
Next meeting, not announced.
- American Dietetic Association.**
President, Dr. Ruth Wheeler, University of Iowa, Iowa City, Ia.
Secretary, Anne Boller, Riverside, Ill.
Next meeting, Atlantic City, N. J., October 11, 12 and 13, 1926.
- American Hospital Association.**
President, Dr. A. C. Bachmeyer, Cincinnati General Hospital, Cincinnati, Ohio.
Executive secretary, Dr. William H. Walsh, Chicago.
Next meeting, Atlantic City, N. J., September 27 to October 1, 1926.
- American Medical Association.**
President, Dr. Wendell Phillips, 40 West 47th St., New York.
Secretary, Dr. Olin West, 535 North Dearborn Street, Chicago.
Next meeting, not announced.
- American Nurses' Association.**
President, Adda Eldredge, Bureau of Nursing Education, Madison, Wis.
Secretary, Susan C. Francis, Children's Hospital, 18th and Bainbridge Sts., Philadelphia, Pa.
Next meeting, not announced.
- American Occupational Therapy Association.**
President, T. B. Kidner, National Tuberculosis Association, 870 Seventh Ave., New York.
Secretary, Eleanor Clarke Slagle, 370 Seventh Ave., New York City.
Next meeting, not announced.
- American Physiotherapy Association.**
President, Miss Dorothea M. Beck, 21 Church St., Montclair, N. J.
Secretary, Miss C. Grace Courter, 389 Clifton Ave., Newark, N. J.
Next meeting, Cleveland, June 10, 11, 12, 1926.
- American Psychiatric Association.**
President, C. Floyd Haviland, State Hospital Commission, Capitol Station, Albany, N. Y.
Secretary, Dr. Earl D. Bond, 4401 Market St., Philadelphia, Pa.
Next meeting, New York, June 8-11, 1926.
- American Protestant Hospital Association.**
President, Rev. N. E. Davis, Board of Hospitals, Homes and Deacons' Work, Methodist Episcopal Church, 740 Rush St., Chicago, Ill.
Secretary, Dr. Frank C. English, St. Luke's Hospital, Cleveland.
Next meeting, Atlantic City, N. J., Sept. 25, 26, 27, 1926.
- American Public Health Association.**
President, Dr. Henry Vaughan, health commissioner, Detroit, Mich.
Executive secretary, Homer L. Calver, 370 Seventh Ave., New York.
Next meeting, Buffalo, N. Y., October 11 to 14, 1926.
- American Sanatorium Association.**
President, Dr. David R. Lyman, Wallingford, Conn.
Secretary, Dr. Walter L. Rathbun, Cassadaga, N. Y.
Next meeting, Washington, D. C., December, 1926.
- Catholic Hospital Association of the United States and Canada.**
President, Rev. C. B. Moulhier, 124 Thirteenth St., Milwaukee, Wis.
Secretary, Sister M. Philomena, 124 Thirteenth St., Milwaukee, Wis.
Next meeting, Chicago, June 14-17, 1926.
- Children's Hospital Association of America.**
President, Robert E. Neff, Robert W. Long State Hospital, Indianapolis, Ind.
Secretary-treasurer, Bena M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis.
Next meeting, Atlantic City, N. J., September, 1926.
- Hospital Dietetic Council.**
President, Rena S. Eckman, 1825 East 18th St., Cleveland.
Secretary, Mrs. John Henry Martin, Whittier Hall, 1230 Amsterdam Ave., New York.
Next meeting, not announced.
- Mississippi Valley Conference on Tuberculosis.**
President, Theodore Werle, Lansing, Mich.
Secretary, Mrs. T. B. Sachs, 553 N. Central Ave., Chicago.
Next meeting, Chicago, June 14, 15, 16, 1926.
- National League of Nursing Education.**
President, Miss Carrie M. Hall, R.N., Peter Bent Brigham Hospital, Boston.
Executive secretary, Blanche Pfefferkorn, 370 Seventh Ave., New York, N. Y.
Next meeting, not announced.
- National Methodist Hospitals and Homes Association.**
President, Rev. W. H. Johdan, Asbury Hospital, Minneapolis, Minn.
Secretary, J. G. Notson, Methodist Hospital, Sioux City, Ia.
Next meeting, Chicago, February, 1927.
- National Organization for Public Health Nursing.**
President, Elizabeth Gordon Fox, American Red Cross, Washington, D. C.
Director, Anne A. Stevens, 370 Seventh Ave., New York.
Next meeting, not announced.
- National Tuberculosis Association.**
President, Dr. Theobald Smith, Princeton, N. J.
Managing director, Linsley R. Williams, 370 Seventh Ave., New York.
Next meeting, Washington, D. C., October 4-8, 1926.

STATE AND SECTIONAL HOSPITAL ASSOCIATIONS

- Alabama Hospital Association.**
President, Dr. F. G. DuBose, Selma.
Secretary, Helen MacLean, Walker County Hospital, Jasper.
Next meeting, not announced.
- Colorado Hospital Association, Inc.**
President, Dr. G. W. Holden, Agnes Memorial Sanatorium, Denver.
Secretary, Charles A. Wardell, St. Luke's Hospital, Denver.
Next meeting, not announced.

- Connecticut Hospital Association.**
President, Dr. T. E. Reeks, superintendent, New Britain Hospital, New Britain.
Secretary, Evelyn M. Wilson, Stamford Hospital, Stamford.
Next meeting, not announced.
- Hospital Association of the State of Illinois.**
President, Dr. Paul W. Wipperman, Decatur and Macon County Hospital, Decatur.
Secretary, Joseph F. Miller, Methodist Hospital of Central Illinois, Peoria.
Next meeting, not announced.
- Illinois Hospital Association.**
President, Dr. J. C. Stubbs, St. Anthony de Padua Hospital, Chicago.
Secretary, Dr. E. T. Olsen, Englewood Hospital, Chicago.
Next meeting, not announced.
- Indiana Hospital Association.**
President, Dr. H. A. Duemling, Lutheran Hospital, Fort Wayne.
Secretary, Rosetta M. Graves, Union Hospital, Terre Haute.
Next meeting, Muncie, June 4, 5, 1926.
- Kansas Hospital Association.**
President, Dr. L. D. Johnson, Chanute.
Secretary, Dr. John T. Axtell, Newton.
Next meeting, October, 1926.
- Michigan Hospital Association.**
President, Dr. W. L. Quennell, superintendent, Highland Park General Hospital, Detroit.
Secretary, Dr. Donald M. Morrill, Blodgett Memorial Hospital, Grand Rapids, Mich.
Next meeting, Muskegon, June 23, 24, 1926.
- Minnesota Hospital Association.**
President, Dr. Carl H. Van Norman, Babies', Maternity and Lakeside Hospitals, Cleveland, Ohio.
Secretary, Mr. William Mills, Swedish Hospital, Minneapolis, Minn.
Next meeting, not announced.
- Missouri Hospital Association.**
President, B. A. Wilkes, Missouri Baptist Sanitarium, St. Louis.
Secretary, W. J. Grolton, Missouri Pacific Hospital, St. Louis.
Next meeting, not announced.
- New England Hospital Association.**
President, Dr. George A. MacIver, Massachusetts Gen. Hospital, Boston.
Secretary, Dr. Leslie Wright, Peter Bent Brigham Hospital, Boston.
Next meeting, not announced.
- New Jersey Hospital Association.**
President, Dr. Paul Keller, superintendent, Beth Israel Hospital, Newark.
Secretary, Thomas R. Zulich, Paterson General Hospital, Paterson.
Next meeting, not announced.
- Hospital Association of New York State.**
President, C. A. Lindblad, superintendent, Millard Fillmore Hospital, Buffalo.
Acting secretary, Dr. Raymond G. Laub, Greenpoint Hospital, Brooklyn.
Next meeting, not announced.
- North Carolina Hospital Association.**
President, Dr. Thomas M. Jordan, Raleigh.
Secretary, Dr. James R. Alexander, Charlotte.
Next meeting, Wrightsville Beach, June 10, 11, 12, 1926.
- Northwest Hospital Association.**
President, C. J. Cummings, Tacoma General Hospital, Tacoma, Wash.
Next meeting, not announced.
- Ohio Hospital Association.**
President, A. E. Hardgrove, superintendent, Akron City Hospital, Akron.
Secretary, Robert G. Patterson, 72 S. Fourth St., Columbus.
Next meeting, not announced.
- Oklahoma Hospital Association.**
President, Dr. Fred S. Clinton, Oklahoma Hospital, Tulsa.
Secretary, Paul H. Fesler, University Hospital, Oklahoma City.
Next meeting, not announced.
- Pennsylvania Hospital Association of.**
President, Howard E. Bishop, Robert Packer Hospital, Sayre.
Secretary, John M. Smith, Hannemann Hospital, Philadelphia.
Next meeting, Philadelphia, 1927.
- South Carolina Hospital Association.**
President, Dr. C. Fred Williams, State Hospital, Columbia.
Secretary, W. Julian Clarke, Columbia Hospital, Columbia.
Next meeting, not announced.
- Wisconsin Hospital Association.**
President, Rev. H. L. Fritschell, Milwaukee Hospital, Milwaukee.
Executive secretary, H. K. Thurston, Jackson Clinic, Madison.
Next meeting, Milwaukee, November, 1926.

CANADIAN HOSPITAL AND ALLIED ASSOCIATIONS

- Alberta Hospital Association.**
President, F. E. Dutton, Galt Hospital, Lethbridge.
Secretary, S. A. Davis, Royal Alexandra Hospital, Edmonton.
Next meeting, Calgary, October 15, 1926.
- British Columbia Hospital Association.**
President, Dr. B. Brown Nanaimo.
Secretary, E. S. Withers, Royal Columbian Hospital, New Westminster.
Next meeting, Prince Rupert, August, 1926.
- Canadian Nurses' Association.**
President, Jean E. Browne, 410 Sherbourne St., Toronto, Ont.
Executive secretary, Jean S. Wilson, 609 Boyd Bldg., Winnipeg, Man.
Next meeting, Ottawa, August 23-27, 1926.
- Manitoba Hospital Association.**
President, R. Darrach, Brandon.
Secretary, Dr. D. McIntyre, Winnipeg Municipal Hospital, Winnipeg.
Next meeting, not announced.
- Ontario Hospital Association.**
President, Major G. G. Moneriff, Petrolia.
Secretary, Dr. F. W. Routley, 410 Sherbourne St., Toronto.
Next meeting, not announced.
- Saskatchewan Hospital Association.**
President, Horace W. Cookson, Weyburn.
Secretary, G. E. Patterson, Regina.
Next meeting, June, 1926.

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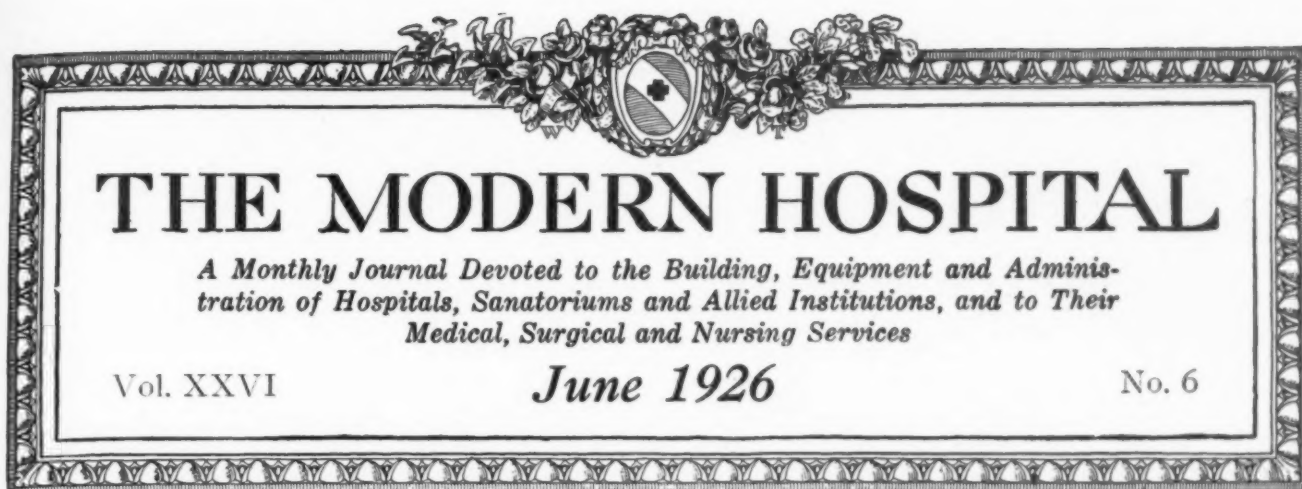


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WHAT INDUSTRY IS PAYING

By Frank L. Rector, M.D., Editor, *The Nation's Health*,
Chicago

THE number of workers whose physical condition as a result of their employment requires hospitalization is small when compared to the number who receive first aid attention and return to active duty.

Hospitalization, however, indicates serious injury or illness and such cases are therefore important from the economic standpoint. They are absent from work which lessens production; they usually receive compensation payments, and always entail hospital expenses, a direct financial drain upon the industry and upon their dependents. The number of serious injuries determines to a large extent the insurance rates that a given industry must pay for compensation protection. So no matter from what angle the subject is considered, hospitalization of industrial workers entails a considerable economic loss. Since it is necessary to make provision for such cases an inquiry into the practice in various parts of the country may be of interest.

Must Consider Other Interests

Leaving out of consideration the hapless worker, who is the one that suffers most, two other interests must be considered—the industry or its representative who pays the bill, and the hospital which renders the service and receives payment therefor. In considering this problem several questions are suggested. Should industry pay less than the average cost of hospitalizing patients, the actual cost, or more than the actual cost? Is the hospital justified in reducing its charges to industry below a cost basis, or should it charge an additional amount above actual cost, knowing that

industry can pass it on in an increased price for its products? What are the costs to industry of hospitalizing its cases, and what are the bed-day charges in different localities? Some statistics have been collected in answer to certain problems.

In keeping with sound business practice, industry will always seek to obtain hospital service at the lowest possible cost. It is not averse to driving a hard bargain to obtain conditions advantageous to itself. Reduced hospital rates are an advantage just as the ability to under-buy other firms is an advantage. But there seems to be no valid excuse for industry to receive preferential consideration over other community groups. Neither should it be over-charged on the assumption that it can pass the charge along to the public in increased cost of product. If this is done, the public at large is called upon to share the burden of a given community, a thing manifestly unfair.

Industry should be charged the actual cost of caring for its cases, and this cost should include the proper proportion of hospital overhead and administration. In the figures noted farther on, it is seen that in certain cases the bed-day cost is very low, \$2 to \$2.50. Investigation showed that in many cases these charges were made by hospitals operated by religious orders in which the administrative and technical force worked without salary. This gives an unfair comparison with other hospitals in which all services are on a salary basis.

In certain states the workmen's compensation commissions set the fees that hospitals may charge for industrial cases. In most cases these are rigidly adhered to, but in Ohio the commis-

sion annually reconsiders its ruling on this question and establishes the price for the current year as the average cost to the hospital for the care of such cases during the previous year. That hospitals in other states do not share so equitably in the charges permitted is seen from letters received from hospital superintendents.

Industrial Cases Still Unsolved

These letters from superintendents handling industrial cases indicate that the question of hospitalization of such cases is still unsolved. They also suggest the need for some cooperative effort among hospitals to protect their interests against the coordinated efforts of state industrial commissions and insurance companies to secure hospital care as cheaply as possible.

From several of the hospitals the complaint comes that they realize that service is being supplied to industries at a reduced rate but that because of local conditions, largely traditional, they were unable to increase their charge to cover the actual cost. This seems to be an unfortunate situation, in that the loss on hospitalization industrial cases produces a deficit that must be made up by contributions from the community which already has to bear the hospital deficit for general cases.

It should be an easy matter for hospitals to learn the actual costs of different types of service rendered and insist on full payments from patients coming from industrial sources. In certain cases industries make annual contributions to local hospitals which are supposed to be sufficient to cover any use that may be made of them. Here again improved hospital accounting would soon determine whether or not such contributions are sufficient for their intended purpose.

It does not seem logical that hospitals should overcharge an industry with the possibility of the increased charge being passed on by the industry to the sale price of its product. Indeed, there is slight possibility of overcharging because of the restrictions of the compensation law and the watchful tactics of the insurance companies who in many cases pay the hospital bills of compensation cases.

In order to obtain some first-hand information on hospital costs, an inquiry was made among a representative group of industrial organizations in different parts of the country. It was desired to learn the cost per bed per day paid for industrial cases and also to determine the number of cases hospitalized annually and the average cost per hospital patient. It was found that in sixty-seven industries employing 274,284 workers the cost varies from \$2 to \$7.56 per day, depending somewhat on the locality and size of the industry

considered and the type of hospital patronized.

The plants reported 3,340 cases hospitalized at a total cost of \$172,658, or an average of \$53.48 per case. The total cost of maintaining plant medical departments was given as \$1,138,735, which gives an annual per capita cost of \$5.10. This figure closely approximates that reported previously, (\$5.14) for a more extended investigation.*

Additional information sought was the relation of the plant physician to the hospitals; that is, whether he attended cases from his own industry or whether he was consulted in their treatment by the hospital staff in cases where he would not have a staff relationship. Out of sixty-seven plants reporting, only four controlled hospital beds or wards by annual contributions, the majority having arrangement with the hospital on a fee basis only. In fifty-three plants, the physicians attend the cases in the hospital or supervise the actual treatment which is in the hands of members of the hospital staff. The physicians in only twenty-one of the plants are staff members of the hospitals treating their cases.

Highest Bed-Day Cost, \$7.56

While in this investigation it has not been possible to determine the details of hospital expense, it is significant to note that the highest bed-day cost, \$7.56, was in an industry owning and operating its own hospital of sixty-bed capacity. Contrasted with this is another industrial hospital of ten beds which reported a cost of \$1.50 per day.

The geographic distribution of these sixty-seven cases shows the cheapest average bed-day cost, \$2.76, to be in Wisconsin, Illinois, and Missouri, the next cheapest, \$3.04, in New England territory. New York, New Jersey, and Pennsylvania show a slightly higher cost, \$3.09, the South and West still higher, \$3.27, with Ohio, Michigan, and Indiana giving the highest cost, \$4.32, of any of these groups.

A large industrial hospital organization on the Pacific Coast reports an average cost per bed-day of \$4.86 and receipts on a similar basis of \$4.51. The loss of thirty-five cents per bed-day being made up on re-treatments, laboratory fees, and other sources of income.

With these facts before us, it seems that many hospitals are accepting industrial cases at an unnecessary financial loss. Local situations may make it possible for them to make a smaller charge in some cases but from the reports noted in this investigation charges of less than \$4 or more per day are likely to result in unwholesome deficits.

*The Nation's Health, v. 7, No. 10, p. 666, October, 1925.

THE JAMES WHITCOMB RILEY HOSPITAL FOR CHILDREN

By Robert E. Neff, Administrator, Indiana University Hospitals,
Indianapolis

THE James Whitcomb Riley Hospital for Children, Indianapolis, grew out of a conception to provide a fitting and perpetual memorial to James Whitcomb Riley, the Hoosier Poet.

Soon after Mr. Riley's death a group of his personal friends organized themselves into an association known as the James Whitcomb Riley Memorial Association for the purpose of providing a suitable memorial to him. After a consideration of several projects the association decided that a hospital for children would be the ideal memorial and at once instituted plans for the establishment of an institution designed to become one of the most outstanding in the country.

The association in its plans for the development of the hospital realized that an institution of the best type would be costly to establish and that there must be definite assurance of its perpetual maintenance. A consideration of this matter led the association to an affiliation with the State of Indiana through the agency of the trustees of Indiana University, under whose direction the Robert W. Long Hospital in Indianapolis was conducted at that time in connection with the Indiana University School of Medicine. The effort then became a cooperative one, with five members of the board of trustees of Indiana University and five members of the Riley Memorial Association forming a joint executive committee.

The first effort of the committee was a request made to the Indiana State Legislature of 1921 for a law providing a fund to establish the hospital and provide means for its perpetual maintenance.

The result was an appropriation of \$125,000 as a nucleus of a construction and equipment fund, which might be supplemented by donations or bequests for the purpose of developing the new hospital, to the end that its benefits might be extended to the largest possible number of the afflicted children of the State of Indiana. The law prescribed that the hospital should be a department of Indiana University and under the direction of its board of trustees, and that in the construction, equipment and direction of the hospital the board of trustees of the university should receive and consider such suggestions and advice as might be tendered by the James Whitcomb Riley Memorial Association.

In addition to the appropriation of the construction and equipment fund, the sum of \$75,000 annually for two years for equipment and maintenance and \$50,000 annually thereafter for maintenance, was appropriated. The maintenance cost in excess of this appropriation should be borne by the counties of the state on the basis of a per diem charge for services rendered.

With the pledge of the State of Indiana to its program, the joint committee proceeded promptly in a state-wide effort to raise funds to supplement the state appropriation for construction and equipment purposes. This effort has resulted in the raising of more than one million dollars by the popular subscription plan, with a representation of about thirty thousand donors. The degree of response was gratifying. The legislature of 1923 appropriated the sum of \$275,000 for a central power plant to provide service not only to the



Child undergoing treatment at one of the dental clinics.

the State of Indiana to its program, the joint committee proceeded promptly in a state-wide effort to raise funds to supplement the state appropriation for construction and equipment purposes. This effort has resulted in the raising of more than one million dollars by the popular subscription plan, with a representation of about thirty thousand donors. The degree of response was gratifying. The legislature of 1923 appropriated the sum of \$275,000 for a central power plant to provide service not only to the

Treatment of cases in the Newby Exoclinic, the out-patient department for older children.



The playroom which offers numerous methods of entertainment for children over six years of age.

Library reading room, which offers carefully selected books for reading. Service is also maintained for bed cases.



Riley Hospital but to the Robert W. Long Hospital and Indiana University School of Medicine as well. The hospital plant represents an investment of more than one and one-half million dollars.

The cooperation of the city of Indianapolis in the establishment of the hospital has been most helpful. The board of park commissioners have acquired ground adjacent to the hospital for boulevard and park purposes to the extent of 101 acres, bounded on the west by White River and on the north by Fall Creek. This tract, together with that acquired for the site of the hospital and that already owned by the trustees of Indiana University, and occupied by the Robert W. Long Hospital and the Indiana University School of Medicine, provides an area of 133 acres as a convalescent park for the hospital and additional Indiana University Hospitals, which may be erected in the future. The Indianapolis City Hospital borders the convalescent park area, and its contemplated extensions, with those of the Medical School and University Hospitals, predict one of the outstanding medical centers in the country.

Ground was broken for the first units of the Riley Hospital in July, 1922. On October 7, 1924, Riley's birthday, formal dedicatory services were held and on November 19 of the same year began the admission of patients.

The hospital plant as it stands today is not complete. The present capacity is 150 beds, with a possible expansion to 200 beds. Additional units are to be provided in order to bring the capacity to approximately 350 beds. The Kiwanis clubs of Indiana have made good progress toward their goal of \$150,000, which they have pledged for the establishment of a Kiwanis unit. The Rotary clubs of the state have almost completed their campaign for funds, which will enable them to fulfill their pledge of \$250,000 for the erection of a convalescent home.

The hospital is considered one of the finest and most completely equipped children's hospitals in the United States. It has been pronounced to be so by visiting hospital and medical authorities from all parts of the country.

Many features are worthy of mention in giving a general description of the institution. Two completely equipped out-patient departments, housed in wings with separate entrances, offer out-patient service, one for infants and the other for older children. The infants' out-patient department includes a waiting room, examination room and weighing room, adjacent to which is a demonstration kitchen under the direction of the dietary staff, where the parents of patients may be instructed in the preparation of formulas and other special diets. The out-patient department for the older children, known as the Newby Exoclinic, includes a dispensing room for drugs and five examination rooms equipped for the care of



Riley Room, the beautifully appointed main waiting room of the hospital.

out-patients requiring the services of the various staff members, who serve in this department on schedule.

The physiotherapy department, operating in connection with the Newby Exoclinic, offers complete service in the way of actinotherapy, diathermy and other forms of electrotherapy to both in-patients and out-patients. The service of this department is essential in treating various types of cases served by the hospital. Two physiotherapists are in charge of the work of the department.

The Ball Gymnasium, with its most unusual physical appointments is completely equipped with practically all of the known gymnasium equipment in the field of medical corrective gymnastics, including Zander equipment. A director and an assistant thoroughly trained and experienced in massage and medical corrective gymnastics are

in charge of the department, which provides service for out-patients as well as in-patients.

The admitting department of the hospital is a self-contained unit consisting of two examination rooms and waiting room, toilet room, two bath-rooms and clothes' storage room. Sterilizers and other service equipment are placed conveniently for use in this department. A special milk laboratory fully equipped with electrical bottle washing apparatus, sterilizers, pasteurizers, refrigerators and other essential items offer ideal conditions for the preparation of milk formulas. The laboratory is under the direction of the chief dietitian, who sees that the work of this department is aseptically and scientifically conducted.

The orthopedic appliance shop enables the hospital to manufacture all braces and orthopedic appliances for its patients. Two expert brace-makers are employed in this department. The service of the department facilitates greatly the making and fitting of appliances for the many orthopedic cases requiring such service.

Main Wards Built on Cubicle Plan

The four main wards of the hospital, with a capacity of twenty-five beds each, are built on the cubicle plan, the cubicles varying in capacity from four to twelve beds. Steel and plate glass partitions separate the various cubicle units. Each ward is a separate unit within itself including toilet, bath and utility room with ample lavatory facilities. A drying closet is a special feature in the utility service. A quiet room for the isolation of patients, and a supply closet, equipped with adjustable steel shelves, complete the service portion of the ward units. Indirect lighting with floor lights provides the wards with splendid lighting facilities. A special type of window shade enables the maximum amount of light to enter the wards from the windows. All radiators in wards and patients' rooms are guarded with detachable metal guards. Drug cabinets and other equipment are of the bracket type.

An isolation ward is available for the complete isolation of cases of communicable diseases. A completely equipped kitchen with sterilizing dishwashing equipment, special elevator service, linen chute and incinerator, serve this department. The cubicle plan of this ward, with a utility room and other service facilities for every eight beds in the unit, offers unusual facilities in the handling of communicable diseases.

Special laboratories exclusively for students' use, as well as a laboratory for clinical diagnosis and bacteriology for the exclusive use of the hospital staff, with ample refrigerating facilities,

compressed air, vacuum and other features, meet the requirements for laboratory work. The operating suite consists of a main operating room, two plaster cast rooms, two minor operating rooms, and an anesthetizing room completely equipped, located equi-distant from all wards.

Adjacent to the operating suite are the sterilizing room, nurses' workroom, scrub-up room and other essential services. A dental clinic room, under the direction of the dental visiting staff and dental intern, provides routine dental service for all children. A photographic room with special lighting features and equipment enables the hospital to provide routine clinical photographic service. A department of clinical psychology equipped with special features for mental testing offers valuable service to out-patients, as well as in-patients. The service offered by this department enables the hospital to provide routine mental tests on patients. This department is destined to become one of the most important activities of the hospital. Many cases involving problems of behavior are adequately handled in this service.

Great importance is attached to the matter of recreation and entertainment in the care of patients. A recreational department on the fourth floor of the building includes the occupational therapy department, schoolrooms, playroom, kindergarten room and library reading room. An outdoor playground, with complete equipment and shelter house, is available for patients in favorable weather.

Recreational Program Creates Happiness

A general air of happiness and contentment among the patients of the hospital is attributed largely to the recreational program afforded by these facilities. A director and assistant, both of whom are employed full time, direct the work of occupational therapy. The Junior League of Indianapolis has provided funds to equip the department and in addition is defraying the cost of maintenance in all its phases. Members of the Junior League serve as aids in the conduct of occupational therapy at the bedside as well as in group work.

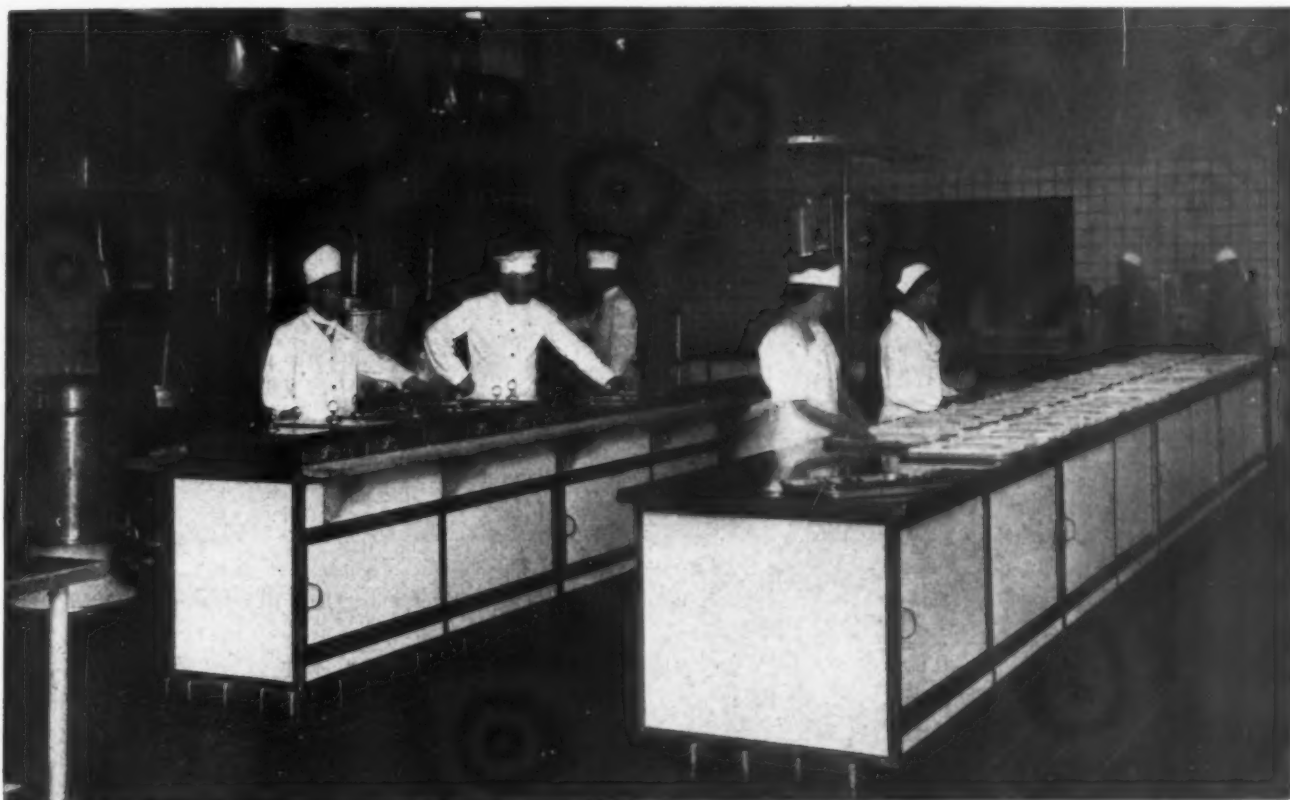
The playroom, equipped by the Indianapolis Kiwanis Club, with its swings, sand boxes, miniature play houses, kiddie kars and all sorts of similar equipment has great attraction for the many patients who are able to be transported in wheel chairs and crippled carts to this department. A kindergarten room, specially equipped for the purpose under the direction of an experienced kindergarten teacher and assistant, offers service to children under six years of age. The kindergarten has been designated as the Eliza A.

Blaker Kindergarten; it was so named because the equipment and the direction of the work is provided by Eliza A. Blaker, superintendent of the Teachers' College of Indianapolis.

Two completely furnished schoolrooms, staffed by a director of school work and three assistants under the direction of the Indianapolis public school system, provide regular school instruction for children over six years of age. All children whose condition will permit them to do so receive instruction in the school; group work is planned for those who are able to be transported to the schoolrooms and individual teaching for bed cases.

to the bed cases by means of a book cart and a trained librarian who makes regular trips among the bed patients to distribute and collect books. The library service is directed by the children's department of the Indianapolis Public Library. The Indiana State Association of Librarians and Library Trustees, with the assistance of the Riley Cheer Guild, has equipped the library.

Sunday school is conducted in the various wards each Sunday morning under the direction of the Marion County Sunday School Association. This work is adequately conducted and the patients look forward eagerly to its service each week.



The main kitchen which is superbly planned for service operation.

A director for the school is provided by the Indianapolis Public School Commissioners without expense to the hospital. In view of the fact that many of the orthopedic patients are required to remain in the hospital for several months, the school work fills a very important need. Upon the dismissal of a patient who has received instruction in school during his hospital stay, a report on the work accomplished is made to the superintendent of schools having jurisdiction in the community in which the child has residence.

A library reading room, with special desks, tables and equipment, affords an unusual and carefully selected lot of children's books. The reading room provides a place for patients who may desire to read in quiet. Library service is extended

Attention may be called to the fact that all recreational activities are under permanent and responsible auspices. All are conducted without expense to the hospital. Patients who by reason of their condition cannot be transported to the recreational rooms to partake in group work are afforded individual attention at the bedside in all the branches of recreation.

The hospital, under the direction of Indiana University and conducted in connection with the Indiana University School of Medicine, is designed to offer unusual teaching facilities for medical students, student nurses, dietitians, technicians, medical social workers, physiotherapists and occupational therapists. The Indiana University Training School for Nurses, with its enroll-

ment of 130 students, is afforded facilities in child nursing. Graduate courses are offered in addition to the courses provided by the undergraduate curriculum. The dietary department offers training facilities for student dietitians. A well organized course for graduate students offers fine teaching advantages in dietotherapy. The fine kitchen equipment and arrangements afford unusual advantages in the teaching of practical dietetics. The social service department of Indiana University offering instruction to both graduate and undergraduate students is responsible for the social case work in both the Riley and Long Hospitals. Splendid laboratory facilities are offered for student training in social case work. A course for laboratory technicians is offered in the Indiana University School of Medicine and the laboratory facilities of the two university hospitals are found especially helpful in the matter of practical training in the course.

Service Unit Admirably Planned

The service unit of the hospital has many features, which in their arrangement, equipment and ability to serve are unusual. A central kitchen with splendid ventilation and lighting properties, completely equipped with all of the modern labor saving devices, is the hub of the dietary department. A special pastry kitchen and bake shop, with two electric ovens and other essential equipment for meeting the baking requirements of the institution, form an important part of the dietary. An ice cream room with an electrical freezer and mechanically refrigerated hardening cabinets facilitate the daily serving of ice cream to the patients. The pot washing room and vegetable preparation room, adjacent to the main kitchen, together with the central dish washing room with two electric dish washers, serve the department. The special or scientific diet kitchen, a self contained unit, under the direction of the teaching dietitian, affords teaching facilities as well as service in the preparation of all special diets. A commodious, attractive nurses' dining room provides cafeteria service for breakfast and luncheon, with table service for the evening meal. The meals for the mechanical and housekeeping force of the hospital are served in a special cafeteria. The doctors' dining room, with its adjacent serving room, is included in the department. Mechanical refrigeration is provided from the central power plant of the institution for all kitchens, there being four separate refrigerators for the main kitchen—for dairy products, vegetables, meats and left-over foods.

The central stores division occupies a wing of the service unit and is quite accessible for de-

liveries as well as dispensing supplies under its care. The stores department, under the direct supervision of a bonded storekeeper, consists of a suite of storerooms for staple groceries and supplies including stationery and printed forms, linen supplies, wearing apparel, nursing supplies, tableware, meats, vegetables and dairy products, the latter three with mechanical refrigeration at the proper temperatures. The refrigerated section provides space for rubber goods and cereals, dried fruits and other foodstuffs subject to vermin contamination. By careful and systematic plan of operation careful record is kept of all supplies handled by the department. All withdrawals from the stores must be made on a requisition approved by the administrator of the hospital.

A central linen dispensing room cares for the circulating linen supply. Fresh linens from the laundry come directly to this department, from which they are dispensed daily on properly approved requisitions. The stores department includes an ice crushing room equipped with an electrical crusher, which furnishes crushed ice for therapeutic and domestic purposes.

The garbage room equipped with scales and inspection trough facilitates a program of garbage calculation and inspection. All garbage is weighed and inspected after each meal and a permanent record made of weights. Daily collection of garbage by a local reduction plant eliminates the necessity for a garbage incinerator. Incinerators, however, for the disposition of waste materials are placed at strategic points about the institution.

The central sewing room, with electrical sewing machines, provides for careful and systematic mending of garments and textiles, as well as for the making of nurses' uniforms and other necessary articles of the kind required by the institution.

Laundry Arrangement Facilitates Work

A spacious laundry with most unusual lighting and ventilating facilities, with equipment of the most modern type, is housed in one wing of the service building. A careful arrangement of equipment provides an orderly and rapid course of laundry work. A special sterilizing washer is available for infected linens. The sterilization of mattresses and other massive articles is provided for by a high pressure steam disinfectant.

Locker rooms for both white and colored help, with shower baths and toilet facilities and individual lockers for the care of personal belongings, are conveniently located in the service building.

A central power plant with underground tun-

nel connection has been erected on the hospital grounds near the service building. Three 400 h. p. boilers with two generating units provide the heat, light and power not only for the Riley Hospital but for the Robert W. Long Hospital and the Indiana University School of Medicine building. Two refrigerating units and their attendant ice making equipments are also included in the power plant. Mechanical coal conveying and crushing equipment and a storage capacity for forty cars of coal contribute to an economical handling of fuel. Water softeners and special facilities for the disposal of cinders are other special features of the central power plant.

It may be said that the central kitchens, dining rooms for the personnel, central stores, laundry and sewing room serve also the Robert W. Long Hospital. An underground tunnel connecting the two institutions makes this service possible. Centralized service in these activities promotes economic administration in the two hospitals, which by virtue of their operation by Indiana University are under the same administrative control. The service units as they exist at present have been planned and equipped to meet without further expansion the requirements of the future units of the Riley Hospital, as well as additional hospital units that may be established by Indiana University.

Admission Prescribed by Law

The method of admission of patients to the Riley Hospital is prescribed by the law that authorized the establishment of the institution. The law states that any child under sixteen years of age, having a legal settlement in any county of the state and afflicted with a defect, disease or deformity, presumably curable or improvable by skilled medical and surgical treatment, or needing special study for diagnosis, may be admitted to the hospital, treated therein and discharged therefrom under such rules and regulations as may be adopted by the management of the hospital and approved by the board of trustees of Indiana University, who shall be responsible for the conduct of the institution.

The judge of any circuit, criminal or juvenile court of the State of Indiana is empowered to commit to the hospital any child under sixteen years of age having legal settlement in any county of the state of Indiana in which the judge has jurisdiction, who shall appear to the satisfaction of the judge after a public hearing to be suffering from a disease, defect or deformity, that may be benefited by treatment in the hospital and whose parent or legal guardian is not financially able to defray the necessary expenses of such treatment.

The hearings before the judge shall be had in a summary manner on a petition filed before him by a citizen of the county in which the child has a legal settlement, and shall be had in the presence of the parent or legal guardian of the child, whose attendance may be enforced by the judge in the presence of the prosecuting attorney of the county.

The judge, at his discretion, may have the child examined by one or more reputable physicians, who shall make and file a written report of the history, condition and probable results of the treatment of the child. If the judge finds that the child is a proper subject for treatment in the hospital he then commits the child, causing the clerk of his court to make application for admission on regularly prescribed forms as provided by the institution. All costs of such proceeding shall be paid on order of the judge by the county from which commitment is made.

Each County Pays for Its Patients

The cost and care of treatment of the child committed as aforesaid is paid by the county in which the child has a legal settlement. The hospital keeps an accurate account of the cost of the treatment, and a properly certified statement thereof is rendered quarterly to the auditor of the State of Indiana, who issues his warrant on the treasurer of state of the amount thereof to be paid out of any funds in the general fund in the state treasury not otherwise appropriated. The treasurer of the State of Indiana then reimburses the general fund for the amount so paid by collecting from the proper county a like amount in the next succeeding semi-annual settlement with that particular county. The law also states that the judge shall provide some suitable person to accompany the patient to the hospital, the traveling expenses of the attendant to be paid by the county upon a properly certified claim filed by the attendant. No pay patients are received at the hospital. Only those who are committed by the judge are eligible for admission.

By virtue of its connection with Indiana University all members of the medical staff of the Riley Hospital are members of the faculty of the Indiana University School of Medicine. The various departments of the medical school, under the head of the department, are responsible for the professional care of the patients, each staff member being assigned to his particular service in the hospital by the head of the department. All members of the staff serve without compensation, in the out-patient service as well as in the in-patient.

A careful plan of contact with the medical profession of the state and the patient's community

has been developed with the assistance of the social service department of Indiana University. Following the discharge of a patient the physician, who acts in the application of a patient, is informed promptly regarding the treatment and findings. A complete and definite summary of the case is submitted, with a suggestion to the physician that convalescent and post-hospital care be supervised and the hospital notified should the patient not experience a successful convalescence. In other words, the patient is referred back to the physician, who has been active in obtaining his admission. By this method the hospital considers itself more or less as a consultant in the matter of handling specialized cases for local physicians.

Contact Furthered by Reports

As a means of further contact with the patient's community, a summarized report of the treatment is sent to the judge of the court, who has been instrumental in committing the child to the hospital. Also a letter in more or less simple terms, with necessary instructions, is sent to the parent or guardian of each child. The social service department, through its state workers and contacts with social agencies, affords a medium through which the hospital can follow up and supervise the care of furloughed and discharged patients. Inasmuch as about 50 per cent of the patients dismissed from the hospital are furloughed with instructions to return for further treatment at a specified time, it will be seen that the follow-up care which the social service department provides is very significant. The furlough is a great factor in shortening the length of stay of the patient and every effort is made to send the patient to his normal environment for convalescent care when investigation reveals that proper facilities are available there.

The first year of the hospital's operation has closed with a very gratifying record. Patients have been admitted from eighty-five of the ninety-two counties in the State of Indiana. More than 1200 patients have been admitted for hospital care in addition to 600 served through the out-patient clinics. The hospital has not been large enough to meet the demands made upon it during the past year. A waiting list of more than 100 patients was on file at all times during the year just closed. The cases presented to the hospital the first year have demonstrated the great need for the Riley Hospital in Indiana. It is safe to say that the majority of the 1200 cases admitted during the year would have gone unattended had it not been for the hospital with its fine facilities.

A rapidly increasing interest has been mani-

fest in the work of the hospital by the general public of the state, and justifiably so when the results of the first year's work are taken into account. The Riley Hospital is an institution in which the entire citizenship of the state should feel a certain sense of pride and ownership.

SHOULD THE MEDICAL STAFF BE REPRESENTED ON THE BOARD?

Many hospitals lack noticeable cooperation among the various groups interested therein. The board of trustees, the hospital staff, and the medical staff must all work with the most harmonious cooperation. Frequently there is a serious lack of cooperation between the staff doctors and the trustees. This is detrimental to the administrative and scientific progress of the institution. The medical staff, through its executive committee or medical board, acts as professional advisors to the superintendent and board of trustees on professional policies. The viewpoint of both groups must be properly assimilated. It is, therefore, of great advantage to the superintendent to have satisfactory working arrangements between these groups.

Occasionally we find direct representation of the medical staff on the board of trustees. While generally condemned this arrangement may be satisfactory if the staff appoints its own representative to the board of trustees and changes him every year or two, rather than the board selecting the representative and perpetuating his position as one of the trustees. Therefore, it is hoped hospitals will endeavor to better promote harmonious cooperation among and within these three great groups upon whom the institution depends entirely in functioning.—*Bulletin of the American College of Surgeons.*

BUSINESS METHODS NEEDED

Perhaps one of the most severe criticisms of our hospitals has been the lack of business methods in their administration, according to S. G. Davidson, superintendent, Butterworth Hospital, Grand Rapids, Mich.

The statement has been made often that if members of boards of trustees gave as little serious thought to their business interests or permitted their individual business to be operated as the hospitals are, the country would be bankrupt. It occasions surprise that members of hospital boards who are keen business men in their own lines of endeavor should be willing to permit the loose, inefficient, unbusinesslike administration of such a large public utility as the hospital. The answer probably is that they have found in their trusteeship an outlet for their philanthropic endeavor and are willing to let it go at that. But with the increased cost of hospital operation, there has come the realization that hospitals are a business, and the necessity has been forced upon us to consider the most efficient methods of managing these institutions.

STANDARDIZING ELECTRIC BULBS

The purchasing agent of a hospital checked up his light bulb purchases to find that he was buying fourteen different sizes. This required a good deal of storage space, more time in taking inventories, more time in purchasing and also in control. After a study of the conditions with the engineer, the superintendent and the steward, he was able to reduce the number of sizes to eight.

COMBATING CONTAGIOUS DISEASE BY PROMPT HOSPITALIZATION*

By George E. Phillips, Superintendent, Herman Kiefer Hospital,
Detroit

THE value of a contagious disease hospital depends largely upon the type of community in which it is situated.

In small towns and cities where an English-speaking population is to be found there may be some question as to the value of such an institution, as the placarding of the home and the outlining of the need of quarantine observance is usually sufficient. Among the foreign born population in the congested districts of most large cities, where little English is spoken and people know less of contagious disease, the mere placarding of a house is not of great value. On the contrary, it advertises illness in the house and friends and relatives immediately flock to see what is the matter.

Housing conditions have a direct bearing upon this problem. In large industrial centers the average workman's home is less suited to the care of the sick than homes in residential cities. Where apartment houses or rooming houses predominate there will be a greater demand on hospital facilities than in communities where the homes of the well-to-do prevail. The wealthy can often be cared for in their homes, while occupants of apartment houses or rooming houses are compelled to seek admission to a hospital because other tenants will not submit to the inconvenience of quarantine. Difficulty in securing domestic help is also a recognized factor in accounting for the steadily increasing number of patients hospitalized.

Some authorities hold that to meet the needs of an urban community of one hundred thousand

people there should be fifty beds for communicable diseases, not including tuberculosis, and one bed for each death from pulmonary tuberculosis per annum in the community. This is exclusive of necessary provisions for sanatorium care of early cases of tuberculosis or for preventorium service for infants and children. In Detroit during 1923 the death rate per thousand of non-hospitalized cases of diphtheria was 8.5 and of

scarlet fever 2.7, while the death rate of those hospitalized for the same period was 3.5 in diphtheria and 1.9 in scarlet fever. Hospitalization of contagious cases has proved a factor in reducing the mortality rate in London, England; it is less than two per cent year after year.

Naturally, a large percentage of contagious disease hospital patients are children and hospitalization does much to remove the deep-seated fear of hospitals that may have been instilled in their minds by ignorant parents. They learn that a hospital is not merely a place for the butchering of people, but that kindness and sympathy

abound there, alike among physicians and nurses. Disabusing the patient's mind of these terrors reacts on the family and, through the family, on the neighborhood and ultimately on the community.

A contagious disease hospital cannot, in the nature of things, be a private institution. It must be operated in the closest harmony with the local health authorities. Each case of communicable disease is an individual problem and the local health authorities should decide whether it should be hospitalized or whether it could be properly

A Twofold Mission

A MODERN, well-equipped hospital for communicable diseases, with its isolation of patients and careful technique, is of inestimable value and almost a necessity for every large community. It will justify its existence as a good investment from the standpoint of saving life and limiting the spread of disease. The expense that a community is put to in sending a patient from the crowded districts of a city to a contagious disease hospital is justified, also, if by a two weeks' residence there such a patient may be shown what cleanliness, orderliness and sick room technique can do in safeguarding health and bringing comfort and happiness to human beings. Such a hospital must be a social force in the community, treating not only physical disease, but spreading the gospel of hygiene and clean living.

*Read at meeting of Michigan Hospital Association, Saginaw, Mich.

cared for at home. Such a hospital must be a social force in the community, treating not only physical disease, but spreading the gospel of hygiene and clean living. It should educate the public to realize the obligation of each person in the safeguarding of the public health. It should be an economic factor in the community and a place where, by careful study of the material at hand, better and more scientific methods are evolved. It should have a distinct educational value through the high-grade teaching that may be carried on. This is a proper and legitimate function of the hospital, but it must be carried on in a manner consistent with all the other purposes of the institution pertaining to the care and cure of the sick. There are interns, nurses, employees, patients and the public to be taught, for, besides caring for and curing patients, the hospital is constantly educating its patients in standards of living.

Avert Large Outbreaks

Although large numbers of people are hospitalized each year, the hospital field and the public know too little of each other. It seldom occurs to the individual what a contagious disease hospital means to a community. Only when an epidemic of large proportions startles the population does this type of hospital challenge public attention. It is impossible to check all epidemics by hospitalization of known cases, because of missed or unrecognized cases and carriers, but if all recognized cases are forced into the hospital at the beginning of an epidemic large outbreaks will be prevented.

About mid-summer of 1923 Detroit was threatened with an epidemic of small-pox. We hospitalized the following cases of that disease:

July, 1923	15	January, 1924....	85
August	12	February	95
September	5	March	117
October	10	April	184
November	32	May	234
December	49	June	124

Altogether 962 cases were hospitalized in twelve months. Prompt hospitalization undoubtedly helped to save Detroit from a terrible epidemic.

If all severe cases are sent to the hospital there is less likelihood of the development of secondary cases. Hospital isolation is of greatest importance at the beginning of an epidemic, especially if the disease has recently been imported into the community. It is like stopping a leak in a dyke. Once the epidemic is in full force hospitalization is not possible for all cases, there are many points of infection that cannot be located

and the disposal of cases has to be determined by other factors. If those who are stricken are living in institutions, other hospitals, hotels, crowded tenements or buildings where business is conducted, hospitalization is imperative. If any member of a stricken household is engaged in food handling in any capacity or comes in contact with large numbers of people, removal of the sick members to the hospital is most important. As a general rule all sick cases among very poor people should be hospitalized.

It seems only fair to assume that the contagious disease hospital is of greatest value early in the outbreak of an epidemic, and while it may not eradicate the disease from the community it will prevent it from becoming a severe epidemic, and will greatly lessen mortality by giving better care to each individual patient than can be obtained in the average private home. At the same time it will remove from the home the elements of sickness which disrupt the plan of domestic economy. Hospital cases are dismissed unhindered by the burden of heart involvements or kidney complications resulting from less efficient care.

As a rule, the contagious disease hospital is the only place in the community where cases of laryngeal diphtheria can be intubated and given proper after-care. Our hospital receives a number of cases from communities outside our city. Last year 173 cases of laryngeal diphtheria were hospitalized.

What Was Done in Detroit

Ours is the only hospital in Detroit where operative and obstetrical cases suffering from contagious diseases can be sent. There is more or less of a feeling among both the profession and the laity that to send patients to a contagious disease hospital is to expose them to all sorts of other contagious diseases. We hospitalized 4,329 cases of contagion during our last fiscal year and had thirty-nine cross infections. Some of these were due to chicken-pox, measles and mumps breaking out in the wards after patients had been in but a few days. During that year we removed 380 cases of contagion from Detroit hospitals and institutions.

While both hospital and home isolation are of great importance and the role of each depends on varying circumstances, it is to be regretted that two very common diseases, whooping cough and measles, the mortality from which is higher than from scarlet fever, are looked upon as necessary evils in most cases and the majority of them are not hospitalized. Children with these diseases should be hospitalized unless it can be established that home care is adequate.

MODERNIZING THE NURSES' HOME BY INTERIOR DECORATION*



ONE of the outstanding developments in modern hospital planning has been the tendency to humanize the whole structure. No one can view the plans of the three hundred or more hospitals that are annually built in the United States or visit one of these recently constructed homes for the sick without being impressed with the homelike atmosphere that is fast replacing the austere, institutional aspect that has been traditional with hospitals from time immemorial.

Nowhere has the introduction of homelike surroundings been more pronounced than in the nurses' homes that have been built within the last decade. In keeping with the modern idea that the patient's comfort should be the alpha and omega of hospital planning, hospitals are going a step farther by realizing that in order to give the patient the best care possible the well-being of employees, especially of the nursing personnel, must also be promoted. Experience has thus far shown that one of the best ways for the hospital to insure itself of good nursing service is first by the provision of an attractive, comfortable home.

Thus, alongside the humanizing of the hospital

has come the building of its attractive nurses' home that brings to the nurse in her off-duty hours as much as possible of the home atmosphere. Since boards of trustees have come to recognize that the strenuous life of student nurses entitles them to the most comfortable and restful environment, no longer are the more progressive hospitals satisfied with housing their nurses in a portion of the hospital or in an old house in the neighborhood, but rather in a separate home of their own, a part of the hospital group, convenient to the main buildings.

It is encouraging to find that in the building programs of hospitals now under construction the nurses' home is assigned an important place in the development of the whole plant. The tendency has thus far been toward a three-story building of simple design, in conformance with the architecture of the group, although some of the skyscraper hospitals requiring large accommodations are building five, six and seven-story homes.

Where the value of property is not entirely prohibitive the nurses' home may well have spacious grounds with appropriate facilities for recreation, such as tennis courts, roque grounds, with appropriate lawn seats and pergolas.

In the metropolitan centers where property values do not permit of lawns, a small garden may

*Acknowledgement is made to the following hospitals for information furnished for this article: Muhlenberg, Plainfield, N. J.; Baptist Memorial, Memphis, Tenn.; Hurley, Flint, Mich.; Grandview, La Crosse, Wis.; Riverdale, Toronto; Wesley Memorial, Chicago; Henry Ford, Detroit; California Lutheran, Los Angeles; Misericordia, New York, and Michael Reese, Chicago.

be provided at the rear of the home and, where even this is not possible, a roof garden can be planned and a sufficient number of porches, both for sleeping and for living should be provided. It suffices to say that the nurses' urgent need for recreation, especially that of an outdoor nature, should receive primary consideration and where a minimum of outdoor facilities can not be provided every effort should be made to afford the maximum of recreational facilities within the home.

The addition to the Muhlenberg Hospital nurses' home, Plainfield, N. J., is a good example of the development of sleeping porches. The second story has a large sleeping porch at the east end of the building. The Baptist Memorial Hospital nurses' home, Memphis, Tenn., has provided large solariums off the corridors leading to the bedrooms on the main floor of the building. The sleeping porch is partitioned off, so that the porch quarters have the privacy of single rooms. Many of the smaller nurses' homes are also providing large sun porches on the front of the building, although the tendency is toward the stoop at the front entrance and the porches at the side or back of the building where they afford greater privacy and increased usage.

The entrance to the nurses' home, or the lobby, is one of the particular places that shows the marked influence of the humanizing tendency. Instead of the visitor being confronted by the time-honored stiff and formal lobby that almost reflected the disinfectants of the hospital these

rooms now have an inviting appearance through the intelligent selection of comfortable and durable furniture. No longer are the walls glistening white and the draperies drab; they are now chosen with the idea of their decorative values as well as their practicability. The corner of the reception room shown in the illustration on page 491 is only one example of what colorful, tapestry covered chairs and appropriate appointments can do to make the main reception room attractive and homelike.

Large Lobbies Less Informal

Of course the lobbies of the larger homes take on more of the aspect of club rooms, and are consequently less informal. The California Lutheran Hospital nurses' home, Los Angeles, which embodies the features of a woman's club, has its main entrance opening into an alcove off the main lobby through the matron's hall, giving the matron a direct connection to the main, side and service entrance. The lobby, which is of Colonial design, has a massive fireplace at the extreme end.

Many nurses' homes are planned with a large living room on each side of the lobby, or main corridor. These rooms no longer present the stiff appearance of the old-time hotel lobbies with forbidding chairs lined along the walls in monotonous regularity, but are made livable and comfortable by a homelike grouping of furniture, by the graceful placing of two or three comfortable chairs and davenports and tables with appropriate reading lamps and other appointments that add to the decorative scheme. Another significant development of the homes

has been the recognition of the need of more private, small parlors for entertaining guests. Many hospitals are providing for this need by additional smaller parlors adjoining the living rooms, where the nurse may receive guests with the privacy to which she is entitled. Some of the larger homes, such as Wesley Memorial Hospital, Chicago, are arranging for private visiting rooms by utilizing the mezzanine floor for this purpose.

Where separate parlors cannot be provided the large living rooms



The entrance lobby of the nurses' home no longer has the drab, boarding house atmosphere devoid of individuality.

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It is understood, of course, that the library should contain, in addition, reference books, appropriate fiction and current literature. A circulating library may well be maintained through the cooperation of the local public library.

Carrying Out the "Home" Idea
The "home" idea is being carried out in many of the larger homes by having units on each floor, consisting of sitting or study rooms with kitchenettes. With this arrangement, provision can easily be made for the combination of bedroom sleeping porches which, in the milder climates, can be used throughout the year. The Clara Ford Nurses' Home of the Henry Ford Hospital, Detroit, Mich., with its 325 private rooms and baths, has its rooms arranged in groups about central entrances, each group carrying out the "home" idea. In addition, it has eight small parlors and a lounging room. The new nurses' home at the Riverdale Hospital, Toronto, Ont., the two top floors each containing thirty-six bedrooms, has a large sitting room and kitchenette where the nurses may gather at any hour for refreshment.

One of the most widespread tendencies in the newer homes is the provision for privacy. This phase of planning is particularly noticeable with respect to bedrooms. Hospital executives are be-

should be divided into alcoves and semi-private units through the grouping of furniture and by the use of colorful, decorative screens that are now widely used.

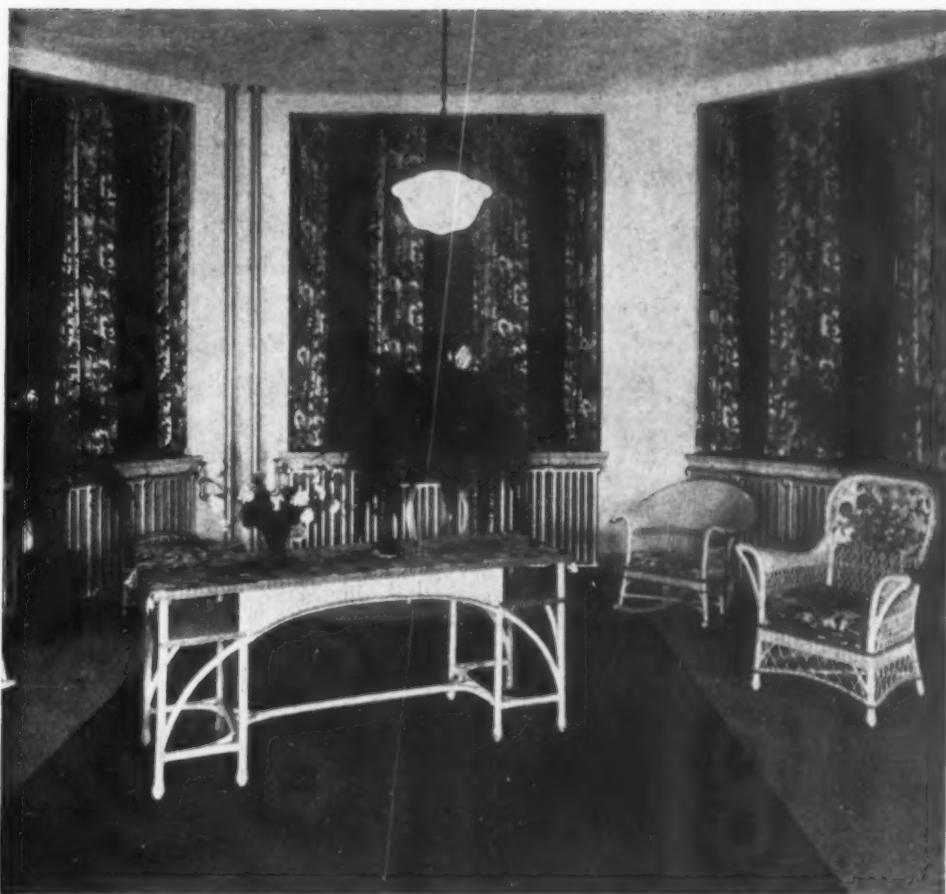
A commendable feature of many of the new homes is the library or reading rooms found adjacent to the living rooms. Some homes having a large library provide two or three small reading rooms nearby, where nurses may retire and read in quiet, undisturbed by the piano, victrola or radio in the main living rooms. Small reading rooms on the main floor are particularly advisable in homes where the upper floors are merely sleeping quarters and where no provision is made for comfortable living quarters.

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The reading room, sun porch and lounge can be made attractive by the use of inexpensive cretonne and chintz draperies and wicker furniture.

ginning to recognize that because of her strenuous physical life the nurse needs a certain amount of complete privacy and this can best be provided by a private room for every nurse. The argument that the young student nurse needs companionship and will be less likely to become addicted to homesickness if she lives with a roommate or is housed in a dormitory loses whatever weight it once had now that living and recreational rooms are found on practically every floor of the larger homes.

Private Rooms Supersede Dormitories

Almost without exception, the larger homes are providing private rooms. These rooms are not spacious but are large enough to accommodate a single bed, dresser, writing desk or table and two comfortable chairs, are well ventilated and cheerful. Though small, these rooms can be made attractive by the use of colorful rugs, cretonne or chintz for draperies, bed and chair covers.

As in the private rooms of the hospital, many of those in the nurses' home are being equipped in metal furniture painted in French gray, apple green or ivory. This type of furniture, though the initial cost is greater, is just as economical over a period of years, as its durability is greater



This room is a good example of the appropriate furnishings and of the informal arrangement of nurses' living rooms.

than that of wooden furniture and it is just as attractive in appearance.

In place of the old type of army cot or bed with high back and foot some hospitals are now equipping the nurses' rooms with day beds or the new style of metal bed with a low head and no foot. The majority of the new homes also provide a washstand in the room, unless there is a bathroom for each two rooms. A few of the hospitals provide a private bath for each room, while more have a shower and lavatory for each.

It is essential, of course, that each room have a closet large enough to hold the nurse's wardrobe and be arranged so that her uniforms need not come directly in contact with her street and other clothes. It is also convenient to have space for the nurse's trunk, thereby eliminating the necessity for a trunk room in the home and the number of trips that the nurse would necessarily have to make back and forth to the basement. Happily, the dust-catcher curtain which for so long has served as a door for the closet is being replaced by a wooden door containing a full length mirror.

The new home at the Baptist Memorial Hospital, Memphis, Tenn., has an unusual arrangement of its sleeping quarters on one side of the

first floor, leading at right angles from the lobby. At the end of each bedroom is a solarium with windows extending from the floor to the ceiling on all three sides. On both sides of these corridors are the bedrooms and midway between the corridors are the bathrooms. In the center of the building is located a court that has been converted into a Japanese garden with a circular fountain in the center and reed chairs grouped about the court.

The Grandview Hospital nurses' home, La Crosse, Wis., has sleeping porches on each floor large enough to accommodate all the nurses. These porches are located at the rear of the building to insure privacy and not to interfere with the lighting of the rooms. It may be well here to mention that not only should the private room have adequate ventilation and natural light but special attention should be given to artificial lighting that will be restful and yet provide correct illumination for study and reading. The drop light is no longer considered sufficient, as side wall lights and floor and table lamps are better for all purposes.

Before leaving the subject of the nurse's private room it may be well to say that too much

stress cannot be laid on the matter of making the private room—"the nurse's palace"—as attractive as possible, as many nursing supervisors will agree that the pleasing bedroom is a large factor in securing the right type of young woman and a larger factor in keeping the student nurse happy and contented, and her state of mind affects the work that she does and, in the last analysis, the care that she gives the patient. Therefore, the nurse's bedroom should be made attractive by bright draperies and furnishings that offer variety and harmony.

It is now quite generally recognized that night nurses need sleeping quarters isolated from the ordinary bedroom arrangement, so that they may get their required rest during the day without disturbance. Many hospitals have found that simply to place an "asleep" or "Do not disturb" sign on the door is insufficient, as this does not guard against corridor and other noises. Many of the newer homes are thus making an especial arrangement for night nurses' sleeping quarters on a separate floor leading from a closed corridor.

The unit idea for each floor has been well worked out by the Hurley Hospital nurses' home, Flint, Mich., where all four floors above the first are taken up with bedrooms, each floor containing a supervisor's suite, consisting of a living room, bathroom and bedroom in each of the wings. In addition each floor contains a linen room, janitor's closet and complete kitchenette with gas range, refrigerator, cupboards, sink and dumb-waiter and two general washrooms.

Double Rooms Unusual

Each floor has twenty-six bedrooms with individual clothes closets and bathrooms between each pair of rooms. Unlike the majority of homes that are being built, the rooms are double, each containing twin beds, two dressers, chairs and tables. From the first, second and third floors open loggias are provided in the rear of each wing, and on the second floor an open loggia extends across the front of the main portion of the building, thereby affording a pleasant place for the nurses to loiter on summer evenings. Instead of porches, many of the metropolitan homes use the roof for gardens and open air pavilions. The Misericordia Hospital nurses' home, New York, has its sixth floor converted into an open air pavilion. The Wesley Memorial Hospital nurses' home is to have one enclosed and two open air roof gardens.

Carrying out the idea of affording the nurse the maximum of recreation, many of the new homes, especially those that are endowed, are making provision for swimming pools which are generally located on the first floor or in the base-



The bedroom is now a private room with pleasing, practical furnishings.

ment. Some hospitals even provide swimming instructors who come to the house once or twice a week to give swimming lessons.

The homes that do not have swimming pools are generally meeting their obligation to provide recreational facilities by well equipped gymnasiums. The gymnasium, which is generally located in the basement, is equipped for basket ball and also has the regular gymnastic apparatus. Some of the homes combine the gymnasium with the auditorium or recreational hall. Such an arrangement is found at the Hurley Hospital nurses' home, which has its gymnasium and auditorium on the first floor directly across from the main reception room. The gymnasium opens onto the auditorium by the accordion type of doors so that the rooms can be used as one large assembly hall for lectures, dances and other parties. The Misericordia nurses' home has its auditorium on the fifth floor with classrooms adjoining.

The new nurses' home of the West Suburban Hospital, Oak Park, Ill., has an unusually attractive dance and recreation hall occupying the entire top floor of the home.

The modern tendency seems to be that of combining living and school quarters in the home by devoting some of the space on the basement or first floor to class and demonstration rooms. Some nursing supervisors and other authorities discourage this tendency on the grounds that the home should afford a complete respite from the work or study atmosphere, but this idea is not

practical for most hospitals. Of course the ideal arrangement is a separate building for the school, such as that at the Clara Ford home, but this arrangement cannot be afforded by the majority of hospitals.

The general tendency seems to be that of providing for classrooms and superintendent's suite on the first floor of the home. The California Lutheran Hospital nurses' home has its demonstration rooms at the rear of the building on the first floor, and adjoining has a diet laboratory which is used as a kitchen and serving room on social occasions. The Baptist Memorial nurses' home, Memphis, Tenn., has four lecture rooms on the first floor all opening onto one large lecture room. On the opposite side of the hall is a reception room, and separated from this room by the stairway is the hostess' suite, and adjoining these rooms are the head nurses' suites. Some of the homes have demonstration rooms and laboratories in the basement and the regular recitation rooms on the first floor. Such an arrangement is found at the Riverdale Hospital nurses' home, Toronto, and at the Muhlenberg Hospital nurses' home.

As in the hospital, the food service for nurses is one of the most important considerations, for the nurse needs the best food and service that the hospital can give, as she needs the maximum of comfort and convenience of living conditions. In the past, perhaps even more glaring than the lack of a private room, unpalatable food unattractively served has been a factor in building up the prevalent idea that the nurse's life is one of drudgery and that she is treated as a subservient even in the matter of food. Many hospitals have the nurses eat in the main building as do the other employees and too many of them give no further consideration to the nurses' needs. Those who strongly favor separate food service for the home maintain that its advantages come from the relaxation of getting away from the hospital atmosphere and from giving especial attention to the food needs of the individual nurse.

Although, for economic reasons, it may be advantageous to have the nurses dine in the main building some especial consideration should be given to their service and they should not be required to carry their trays through a poorly ventilated basement cafeteria and be obliged to eat their meals in this noisy, hurry-flurry atmosphere after a strenuous day's labor. At least they should be afforded an attractive private dining room where they can enjoy their evening meal in a quiet, restful place and have maid service.

The majority of new homes also provides in the basement a laundry room where the nurse may wash and iron her fine clothing that she does not

wish to risk damage by laundry processes.

As to the mechanical conveniences that are needed, it seems unnecessary to say that the home of more than two stories should have an elevator, that the telephones should be readily accessible, and that in the larger homes the electric clock system and the registry board should be located where the matron can keep in touch with all parts of the building.

In short, all the conveniences that can possibly be provided by the hospital should be given the nurse to promote that relaxation and comfort needed for her to meet the physical and emotional demands of her work. The hospital that generously provides all the small but costly details will be repaid in the end results, the added efficiency of the nurse on the ward and the greater educational and social advancement that such will give her. With the building of adequate nurses' homes and their attendant, modern educational facilities we may look forward not to nurses who will leave the institution on graduation day worn out from the personal struggle against unsatisfactory living conditions but to those who will go out to the various fields now open to the nurse fitted physically and mentally to cope with the demands of the profession.

THE LONDON BLOOD TRANSFUSION SERVICE

A branch of Red Cross work almost unknown to the public is the London Blood Transfusion Service, organized in 1920. The first application for a donor was made by the King's College Hospital and four volunteers offered their services. In June, 1922, a request was received from Guy's Hospital, and four out of eight volunteers were selected and each underwent transfusion at fortnightly intervals.

In the meantime other hospitals heard of the scheme and fresh applications came in, with the result that by the end of the year twelve transfusions had been carried out. During 1923 ten cases were served; in 1924, sixty-two; and in a portion of 1925, 247 transfusions were made.

A year ago it became apparent that the Red Cross members could not cope with the demands and an appeal for more volunteers was made. A rover scout interested his organization in the project, with the result that it was taken up as a regular branch with 150 members on the roll. However, because of the demands for transfusions, another appeal has been made, the ultimate goal being 1,000 members.

After Florence Nightingale had returned from the Crimea, fuller of honors than any soldier who had fought there, she was asked to help clean up London, whose hospitals at the time were the breeding ground of infections of all kinds, including gangrene. She accepted the call and demanded "soap, water, and sunshine." We have followed many false gods of cleanliness since that day—disinfectants and bactericides whose name is legion—and have now found our way back again to Florence Nightingale's shrine of health, "soap, water, and sunshine."

BUILDING TO PREVENT FIRES

By A. L. Bowen, Former Superintendent of Charities, Illinois State Department of Public Welfare, Springfield, Ill.

THE disastrous conflagrations that occurred at Manhattan State Hospital, Ward's Island, N. Y., and Chicago State Hospital, Dunning, Ill., taking a heavy toll of both patients and employees, call attention to the general disposition among hospitals of all kinds to overlook the fire hazard.

Dr. Samuel W. Hamilton has described in detail the admirably located and planned tuberculosis ward of the Hudson State Hospital, Poughkeepsie, N. Y. It is of two floors, constructed of wood, and accommodates more than one hundred patients. Its heating plant is in the basement. Dr. Hamilton does not criticize the placing of bed patients, suffering from the combination of mental disease and tuberculosis, in such a structure; in fact, there is no mention of its fire protection facilities, except the statement that one may leave this building at any point along the veranda.

In view of the fact that the building that burned at the Chicago State Hospital was originally a tuberculosis hospital, only one story high, and patients could leave it at any point, and yet in the presence of fire twenty-one people burned to death, seems to call for a revision of Dr. Hamilton's theory—a theory indulged in by many hospital authorities. It is always the unexpected that happens, and ease of exit is no guaranty against panic or the frightful rapidity of fire and heat in an open, frame structure of large dimensions.

Instruct Employees in Fire Fighting

That these two holocausts happened to occur in state hospitals for mental diseases does not indicate that this type of public institution for the sick is any more susceptible to fire than those devoted to physical illnesses.

The state hospital is larger and generally more crowded, but, as a rule, it has some semblance of a fire fighting organization. A large per cent of its patients are on their feet and not only capable of caring for themselves in an emergency but frequently more deliberate about it and more successful in keeping their heads.

Too much emphasis cannot be laid by hospital authorities upon the instruction of employees in fire fighting, and especially upon employee and patient discipline in time of emergency.

The annual labor turnover in hospitals of all classes is very great, sometimes as high as one

hundred per cent among the attendants. A large proportion of new employees come from rural sections or small towns where they have had no experience with fire and are not sufficiently impressed with its seriousness, its speed, its habits and the panic spreading terrors.

Many of them have not seen a fire escape, do not understand the meaning of a fire drill and are ignorant of the use of extinguishers. Unless they are drilled in these matters they are bound to remain in the same ignorance, unless a fire actually intervenes to give them practical experience.

One-Story, Small Cottage Advocated

New employees are expected to find instructions in the book of rules, and to receive demonstration from supervisors or others of higher rank. Often these are careless and fail to drive home to the new employee what his duty is with regard to fire and fire protective devices in the building where he is to work.

In my frequent inspections of the state hospitals of Illinois it was a part of my routine to inquire of attendants: "Where is the fire escape?" "Have you a key to the fire escape?" "Have you tried the lock recently?" "Do you know whether your key will open the door to the escape?" "What would you do in case of fire?"

It was as essential that the day as well as night attendants be quizzed on the subject. Yet I do not recall that I ever found more than a small percentage of the attendants on duty who could give me satisfactory replies. It was no uncommon thing to find at least half of the night shift without keys to the fire escapes or, if they had the keys, they were unable to tell me where the escapes were or how they should be utilized. Instruction might be given and steps taken to remedy the situation. The following night, however, would reveal little improvement. Some of those who had been found delinquent the night before would return a vacant stare when the same old questions were put to them.

Despair that such a condition could ever be eliminated or even improved drove me to the advocacy of the one-story, small cottage for state hospitals. All other advantages of such a cottage seemed to me to be subordinate to its insurance of patients' safety against injury and death by fire.

Small one-story cottages for hospital purposes are not feasible in the cities where land values and

other factors combine to make higher buildings necessary. In the metropolitan districts, skyscrapers are now the type of building used, but when more than two stories are needed in any hospital, anything short of absolute fireproof construction is unthinkable. Even in fireproof structures used for hospital purposes, there are always present many opportunities for fire, which may never become serious enough to injure the building but can create that state of panic from which the death list usually is recruited at such times.

Inspect Concealed Areas

Closets, cubby-holes, concealed areas under stairways, basement storage, the many utility shafts and flues with which modern hospitals are equipped, must be continually under scrutiny.

The smaller hospitals in the rural district, which are either of combustible or semi-fireproof construction, constitute the greatest potential fire hazards. Such institutions can never justify more than two floors.

The state hospital must come down to the ground, if for no other reason than to overcome fire hazards, to safeguard the lives of patients and to neutralize the ignorance and indifference of a constantly changing personnel.

The Chicago State Hospital fire occurred in a frame one-story building at the supper hour when all patients were up and were able to look after themselves. The building was unbarred and unlocked with ample doors and windows and egress into large, unobstructed areas on both sides. Why then this frightful loss of life? There are three reasons. The structure was too large; it burned more rapidly than any one ever suspected it could, and it was excessively crowded.

When the alarm sounded the men jumped from their tables and ran toward their wards to save their clothes and Christmas trinkets. Those who went into the ward where the fire started were overcome and died in a heap. The mad rush and the great crowds created a congestion that in turn became a panic. Had the fire occurred at night, when the patients were in different wards, each with its own doors and windows opening directly into the park, I verily believe there would have been small loss of life. It was the jam of five hundred men in the dining room, which was a part of the building, that worked the havoc. Its great length, nearly five hundred feet, with its wide corridor open to the roof, extending unobstructed from end to end, furnished a flue that pulled the fire into every direction.

What started the blaze has not been determined. The building was heated from the central power plant. There was no fire in it. The wiring was

in modern, approved conduit. The only plausible explanation is a cigarette or cigar stub or an unextinguished match thrown into a closet or loafing room. It is good theory to prohibit patients carrying matches or smoking on wards, but it is futile in practice. It does not work out, especially among patients who enjoy some liberties such as these men had. A much traveled public highway passes the institution within one hundred feet of this building. There are shops of various kinds on the opposite side of this avenue, so that it is easy for patients to purchase through the fence. Friends and relatives, even employees take pity on them and give them tobacco and matches. The only thing for state hospital management to do is to recognize the facts and take the necessary precautions.

Methods of Preventing Fire

Something will be gained by making floors of concrete with cove base cast in one mold, and by eliminating closets or enclosing them in solid concrete. Make the cottages small so that there cannot be congestion within to interfere with escape. Kitchens and dining rooms and employees' living quarters should be detached from buildings in which patients live so far as it is possible to do this.

Wards for physically sick and receiving wards of state hospitals, if they go above the first floor, should be of the latest fire resistive construction. Two floors are enough even for these, but one floor is better.

New York learned its lesson from the Manhattan State Hospital fire and has acted with commendable promptness to prevent a recurrence. The expenditure of fifty million dollars in preventive and precautionary construction has been authorized by a popular vote of the people, the majority for the proposition being about eight hundred thousand.

That other states are fully in need of such drastic remedies the Chicago State Hospital catastrophe is ample evidence. The country is full of state hospital architectural monuments that would serve death by fire more admirably than they now serve the living by protection.

HOSPITALITY CARD

On each dresser in a Northern hospital there is a friendly word of greeting from the superintendent. It reads:

"Please feel that all of us here are your friends and that we stand ready to help you with anything, at any time we can. We shall do all in our power to make your stay of short duration so that you will soon be back with your friends and relatives, a well and happy person.

—The Superintendent."

PROTECTING HEALTH IN DOWNTOWN NEW YORK

By Myron E. Adams
Chicago

THE Beekman Street Hospital provides an effective health and hospital service for emergency needs in the congested business district of downtown New York. Two hospitals serve this district; the Broad Street Hospital covering the south and part of the west side of this downtown district and the Beekman Street Hospital on the east, including Wall Street, and the northern part below Canal Street.

Its services may be summarized as follows: "The treatment of those injured in pursuit of their work or while travelling in the district; the treatment of the ordinary medical and surgical cases in the ambulance district covered by the hospital; the medical and surgical care of the resident poor of the district. Plans are also being made for the increase of service offered those who desire regular health examinations and corresponding medical service at a point convenient to their office; as well as for certain educational work in health prevention that will be of real benefit to the downtown community."

Organized in 1906

The Beekman Street Hospital was first organized in 1906 under the name of St. Gregory's Emergency Hospital of the Volunteers of America. In 1910 a new hospital was built and managed by the Volunteers of America for twelve years. In 1922 when it was given the name Beekman Street it was taken over by the present



Main structure, with annex which contains nurses' quarters and offices.

board of trustees, the officers of which are Marshall Field, chairman, Howard S. Cullman, president, Elisha Walker, vice-president, Howard C. Wick, secretary, Robert L. Smith, treasurer.

This board took over the institution with the object of building up a hospital and medical service of the highest efficiency to serve the employees of this section. They began the reorganization of the medical service under direction of Dr. Joseph Blake, consulting surgeon, and Dr. James M. Worcester, who has been the surgical director for the past four years in charge of the activities of the operating suite and the personnel.



View from Brooklyn bridge showing Beekman Street Hospital (circled) in downtown New York.

One of the physiotherapy rooms, equipped with ultraviolet ray, high frequency, faradic and galvanic machines.



The emergency room which receives a large amount of cases from the downtown district.

A view of the industrial surgical clinic located in the hospital annex.



The board has also secured large public support by which all its mortgage indebtedness has been liquidated and property adjoining the premises was acquired, equipped, and added to the hospital as an operating unit in 1925, thus doubling its bed capacity and the space used for its growing clinics and physiotherapy department.

Serves Concentrated Community

This hospital serves the most concentrated workshop in the world. Looking down from above, this district resembles a wedge-shaped pyramid. Its triangular base is a mile and a half across at Canal Street. It tapers to a point at the Battery, the same distance from the base. From the rivers on each side the high buildings converge to the Central line on Broadway.

This familiar sky line, the vast financial and business district and its shipping wharves are known to all travelers as the financial and business center of America.

Every day an army of at least 800,000 workers, a number seven times larger than the standing army of the United States, comes to this physical wedge of a workshop. This army represents many types of workmen; along the rivers are the men who labor on the docks and in shipping; next are the groups that work in the smaller trades and the men who are working on great construction projects. But the greatest number of men and women are employed in the large buildings that form the center of the district. Add the vast numbers of visitors who come into the district on business and you have the size of its health problem. Only about 50,000 people actually reside in this district and outside the care of women and children the local resident is not a big problem, and is well handled by four or five of the dispensaries.

One in every forty-three of the working or resident population of the district has to be taken care of annually either for accident or sickness. One out of every 520 of these people has to be taken care of in the beds of the hospital. One out of every 190 requires ambulance service.

Three Ambulances Always Available

Three modern ambulances are immediately at the disposal of any who are injured or ill in the district. During the year 1925, 3,894 ambulance calls were answered. In some cases first aid treatment was given but in the larger number of cases the patient was brought to the hospital.

In one day in February the hospital took care of firemen who had been injured on top of the fortieth floor of the Equitable building, and also of sailors who had been shipwrecked in a collision

under the Brooklyn Bridge, as well as more than twenty others who were brought in ambulances. In no place is there greater variety of cases.

This massing of people in a small area for many hours each day, creates a health problem demanding an organization that will render service quickly and efficiently at all times. In the case of accidents the hospital has to be organized to take care of its peak load at three periods of the day; first, when the employees are on their way to work in the morning; second, when they are free at noon; and third, at night when they are returning from work. Of course there are a certain number of accidents happening at all times but the above are the periods when the greatest number occur.

These accidents, sometimes of a minor, often of a serious, nature, must be properly taken care of at once if serious consequences are to be avoided. This requires not only a trained ambulance service but the best medical and surgical care available at all periods of the day at the hospital.

Vast Amount of Dispensary Service

A vast amount of clinical and emergency treatment is given; there were 47,181 such treatments in 1925. The dispensary service of the hospital is very complete, as clinics are held frequently for surgical, general medical, eye, ear, nose and throat, genito-urinary, skin, gynecological, orthopedic, pediatric, and fracture treatments. Surgical treatment is given for accidents day and night.

The physiotherapy department is fully equipped for all the modern treatments with electricity, light, heat, ultraviolet rays, manipulation and massage.

In addition to the resident staff, which is always on call, the treatment of patients is covered by a salaried staff under the direction of a chief of clinic, who is an assistant visiting surgeon to the hospital.

The social point of view adopted by the Beekman Street Hospital looks far beyond the immediate accident to the consequences of care. Good surgical care in emergency cases will assure the return of the patient to a self-respecting, self-reliant, livelihood as quickly as possible. It will minimize economic loss on the part of the employer and the employee, and assure the return of the worker to his useful place in his organization as quickly as possible.

In the case of sickness it is the object of the Beekman Street Hospital to prevent the development of serious sickness by making available to all employers and employees facilities for taking care of such difficulties at an early stage before serious consequences result.

In the early development of the hospital, the social service care of patients was neglected to a large extent, as only three volunteer workers were available. In June, 1925, a group, headed by Mrs. Goodhue Livingston as president, affiliated with the hospital as a social service committee and is now directing the activities under the leadership of Mrs. Helen B. Campbell who is responsible for this service.

This organization assures contact between patients and their homes and a better follow-up

the details of the accident and the history.

There is full cooperation between the city and

the hospital in taking care of the city's employees. Many of them come under compensation arrangement. These sick employees are treated as ordinary patients, no special arrangement being made for them. Firemen and policemen are treated free of charge except where they are hurt at work. Free physiotherapy treatment is given to the whole of the police department by an arrangement through which



The children's ward, which is light and airy in spite of its location in the congested downtown district.



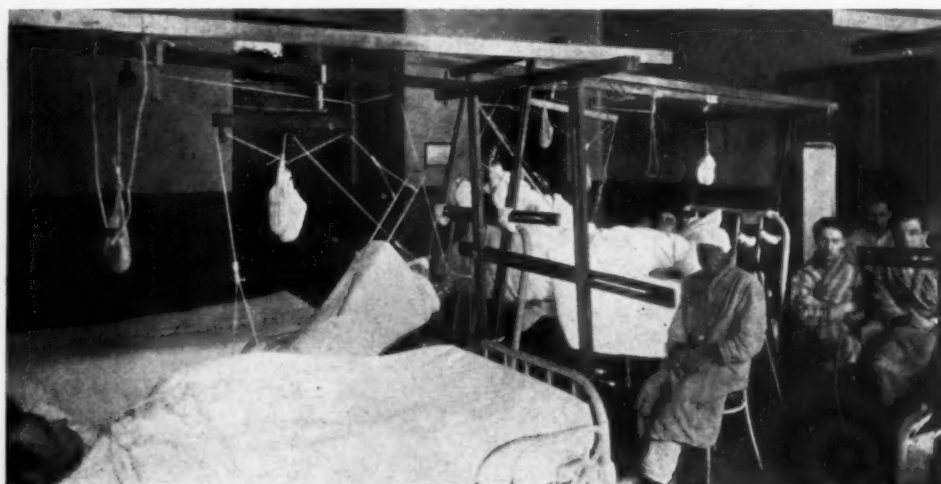
A view of the new surgical ward in the main building.

for the increased number of cases demanding it.

In the industrial accident work which the hospital carries on, in order properly to take care not only of the injury itself, but to look out also for the individual injured man's right under the law, and to take care of all necessary papers and reports which have to be sent to the employers, to the state and to the insurance companies, the hospital has established a department of industrial extension which devotes its time to promoting this service in such a way that nobody concerned in the injury will lack attention or data on

the hospital gets no revenue whatsoever from that service

Paul Lazenby, who is in charge of this depart-



The fracture ward, showing the use of Balkan frames.

ment, is an experienced engineer who is particularly well equipped by training and foresight to meet cases of this kind. This department is also continuously engaged in looking for ways in which the hospital may continue to develop service that it considers necessary for maintaining the health of lower Manhattan.

At present one hundred beds comprise the hospital facilities for ward service. Although this is a doubling of the capacity before 1925, these beds have been filled the greater part of the time and have proved barely adequate to care for all the cases that come to the hospital from business houses, factories, street accidents, and from the residents of downtown Manhattan. The hospital only cares for this group of patients; those from outside the district are seldom accepted.

Special Charges for Industrial Cases

Special charges are made on industrial cases covering injuries and special charges to firms when they send their employees for examination or treatment. The ward rate for all compensation or sick employees of firms is \$3.50 a day; the cost to the hospital is \$6.50 a day. All compensation cases are paid for through some form of insurance, either state, self-insurance or insurance companies. On every case that is compensative, one or another of these three gets the benefit of service at \$3 per patient day below cost.

This condition exists throughout practically all the hospitals in New York. In some of the upstate cities the hospitals have cooperated and have brought their compensation day-rate more nearly equal to the actual cost, but so far in New York nothing has been done to eliminate this difference.

The number of free cases is comparatively small. The balance of ward patients, whether compensation or others, only partially pay the cost of service given them and only compensation cases pay surgeon's fees. The only patients who pay full cost of service are those limited to private rooms who are few in number.

For some time the directors have been studying the medical needs of people of the district and the facilities available in lower Manhattan. Some larger concerns that can afford it have their own doctors. With small concerns, however, the case is different, since the care needed is correspondingly smaller. To have their own doctor would be excessively expensive and out of all proportion to the value of the benefits received.

The medical care of people at work in downtown New York is a matter of vital economic concern. Employees with defective teeth, heart trouble, tuberculosis, infected tonsils, or any other physical defects, while they are not incapacitated,

are unable to work at their highest efficiency. The wide distribution of this army of workers outside of working hours, and the brief period they have to secure medical attention before or after work near their own homes, together with the danger of delays, constitute a problem. For long periods each year such people are absent from their work, and sooner or later are forced to discontinue their work. The cost of training someone to take their place has to be borne by their employer. But the real loss is to the individual who suffers from lack of care. Not only is the earning power of such individuals reduced by physical impairment, which ultimately may cause them to be a total economic loss to the business community, but also throughout the whole time that they are employed, the employer is suffering a monetary loss.

The directors of Beekman Street Hospital have been for the past year seeking a way to remedy this condition. They believe that without disturbing their employment, such individuals can be helped and shifted from the inefficient to the competent class. They are confident that this can be done at a cost below what the employer is now losing and what it would eventually cost the individual to take care of himself. They believe that the earning power of the individual both for himself and his employer can be raised; that the time lost on account sickness can be eliminated, and the cost of labor turnover because of sickness can be greatly reduced if not entirely eliminated. To accomplish this for the benefit of business houses and employees in lower Manhattan, they have decided to establish a health service known as the Beekman Health Service.

Improvements Needed for Standard Service

While the advance of Beekman Street Hospital has been rapid during the past three years, while many improvements have been made, still many more are necessary to bring the standards of medical and surgical care in downtown New York up to those demanded by the great population of that district.

There is a great interest in the continued improvement of this service on the part of the outstanding business men of lower New York as well as a splendid spirit of active cooperation on the part of the medical profession. This combination guarantees in time an ideal hospital and health service.

Hiuen-tsiang, a Chinese pilgrim in India (629-645 A. D.) writes: "There are a multitude of houses of benevolence where the poor and unfortunate are succored. Sometimes medicines are distributed, sometimes food, so that no one finds himself in distress."

THE DIAGNOSTIC INDEX IN THE OUT-PATIENT DEPARTMENT*

By May Ayres Burgess, Committee on Dispensary Development,
New York

THERE has been a growing conviction that the records in the out-patient department are treasure houses of medical information. The out-patient department is for the ambulatory patient. He comes under observation, that is, while many of the ills from which he suffers are still in their early stages. He is subjected, often, to searching examinations and diagnostic tests. Records are made of the findings, the treatments, and changes in the condition, and, in the best organized institutions, if the patient eventually reaches the hospital he is accompanied by a detailed account of the progress of the condition.

As the out-patient department has developed into an important and dignified department of the hospital; as able medical men have been placed upon its staff, and as the importance of keeping full and accurate medical records has been recognized, there has also come the recognition of the potential value of those records for medical research. And because of that recognition there has developed the diagnostic index. Research ordinarily employs two markedly different techniques, the case method, and the statistical method. The case method selects a comparatively small number of medical histories, and studies them exhaustively. The statistical method uses large numbers of cases and studies a few points about all of them. We could almost say that, ideally, the case method learns everything about a few cases; and the statistical method learns a few things about every case. For true scientific research both methods are of value, each to supplement the other.

In the medical field the technique of the case method has been developed to a high degree of efficiency, and it is that technique which has been considered in establishing the common forms of

diagnostic index. The index has been thought of as a form of directory which should not itself be used for study, but which should direct the student to special groups of case histories in the files. This article will describe the diagnostic index of this purely directory type, and how it works—or rather, unfortunately, how it usually does not work.

Many out-patient departments have or have had

a diagnostic index. Since the primary purpose of the index is to facilitate medical research, the assumption is that members of the staff will utilize their out-patient department connection to make special studies of scientific value. These studies will be based upon the histories of patients whose conditions have been of particular interest, and the out-patient department provides a diagnostic index which will make it

Evidences of Respectability

THOUGH a bathtub has been regarded as an evidence of comfort and respectability in an American home, putting bathtubs into "model tenements" has sometimes been declared worthless since the families didn't use them, except for storage! Doctor Burgess' article suggests that the card index to diseases, on which many clinics spend money and in which they appear to take pride, is as a rule more a self-assertion of medical respectability than a used and useful tool. Her evidence and her argument will challenge many superintendents.

possible for these medical histories to be located when needed.

In most out-patient departments the diagnostic index is regarded as a form of insurance, and is kept alive because of the conviction that some time its use will become important. The fact is, of course, that the members of the medical staff are tremendously busy people. They are sincere enough in wishing that they could make special studies, and they are continually and wistfully planning to do so. For most of them, however, unless they are on a salaried basis as research workers, or are giving courses to medical students and are obliged to make special studies for lecture purposes, the longed-for opportunity to sit down quietly and concentrate upon groups of medical records never comes.

The usual diagnostic index is planned for one purpose—to locate certain medical histories that doctors may wish to study. The commonest form is that in which index cards are provided, with a diagnosis written at the top of each one.

*This is the first of a series of three articles, the other two of which will appear in future issues in the department of out-patient service.

The remainder of the card is divided into vertical columns filled with history numbers. Each number indicates a patient who has been given that diagnosis. Sometimes a given diagnosis may have several different cards, showing accompanying conditions, as shown in the following illustration with reference to five cases with acne.

Acne, with arthritis

7,641
10,947
863
9,420
21,048

There are, of course, many variations of this form, most of them the result of efforts to secure partial or complete cross reference of different diagnoses for the same patient.

While the diagnostic index is traditionally accepted as an essential tool for the out-patient department, the fact remains that, with a few shining exceptions, it is time consuming to maintain and almost useless in practice. Two years ago the writer visited a number of the leading hospitals and clinics (most of them connected with medical schools) in Boston, New York, Buffalo, Cleveland, Chicago, Milwaukee, and Rochester, Minn. She was particularly interested at that time in the problem of the diagnostic file, and made careful notes as to the method and condition of each file encountered. One of her questions, asked in every case, was "How recently has the file been used?" The following comments are taken from her reports of those interviews:

Institution A. "I asked 'Who uses the two diagnostic indexes?' The workers were both puzzled and amused by the question. Miss A. remembered that once this year a doctor had asked how many cases of a certain type he had operated upon, but could not remember whether or not the information had been given him. No other case of a call on the diagnostic file could be remembered."

Institution B. "Pediatrics is the only department that bothers to write down its diagnoses The other diagnostic files have fallen into complete disuse."

Institution C. "Once the doctor used the file to identify a name Last year the city board of health demanded the number of venereal disease diagnoses and the information was secured from the diagnostic file. That is the only real use we have ever made of it."

Institution D. "The file was used once recently."

Institution E. "Miss A. could not remember a single case when the diagnostic file was used. The file clerk said 'I think about six months ago, but only to find a particular case history whose number had been completely forgotten.' The medical student said 'There was a doctor who said he was going to use the diagnostic file last spring some time, but he never came.'"

Institution F. "Used much? Why I go weeks—I go months, sometimes, without a call. All the same it is a very nice thing to have, of course.' The dispensary executive said 'The file is practically unused, but I think the doctors would object strenuously to giving it up. They feel that they may want to use it any day; and of course we all expect that it will be used for a wonderful piece of research by and by.'"

In contrast to such reports a few places were found, for example, the Mayo Clinic, the out-patient department of Buffalo City Hospital, and that at Massachusetts General Hospital, Boston, where the diagnostic indexes were constantly used and seemed genuinely vital to members of the staff.

In general, however, it seems to be true that in most out-patient departments, even including those with a medical school connection, the diagnostic index, however much it is respected, is of very little current value.

Difficulties Encountered

The difficulties of running even a simple diagnostic index are many. Unless the members of the medical staff are practically all products of the same training school, it will be found that they use many different methods for stating their diagnoses. If the chiefs of the out-patient department require all diagnoses to be made in terms of a single standard nomenclature, they must enforce this ruling by constant careful supervision. The medical staff are apt to make their diagnoses in the manner to which they have been accustomed. If, recognizing this tendency, there is no such ruling and the doctors are allowed to use whatever terms they wish, it is then necessary to have a medically trained person in charge of the files, to interpret the language of the doc-

tors, if an accurate diagnostic index is desired.

Since the hospital case has an automatic termination at the time the patient is discharged, it is a simple matter to rule that every discharged case must bear a diagnosis, and the diagnostic index in the hospital is usually made from closed cases only. In the out-patient department, however, most cases have no such definite termination and it is, therefore, necessary to establish some ruling as to when diagnoses shall be made. If a diagnosis is insisted upon at the first or second visit to the clinic, there is danger that the medical staff will make snap judgments on cases that puzzle them. This not only impairs the validity of the index, but leads to much confusion, because conscientious medical men will later correct their first diagnoses, and these corrections must also be made in the index.

Moreover, in many medical record forms it almost seems to be assumed that one diagnosis is all that will be needed for the patient in any one department, no matter how many years he may have attended that department. In so far as the record forms go, that is, the clerk who is keeping the diagnostic index has no way of telling over how long a period a given diagnosis is applicable, or whether the patient is now suffering from a new condition for which he is under treatment and for which a new diagnosis should be made. Some mechanism is needed so that at frequent intervals the pending diagnoses for each patient will be reviewed and notes of his present status entered.

A few weeks ago a local welfare agency asked the out-patient department of one of the big hospitals in New York City for a statement as to the present medical condition of one Tony Amarillo. It received the following report:

NAME—Antonio Amarillo.

ADDRESS—2174 Third Avenue, New York.

DATE OF ADMISSION TO HOSPITAL—Not admitted to hospital.

DATE OF DISCHARGE FROM HOSPITAL—

WHEN TREATED BY. O.P.D.—July 3, 1922 (first admission).

DIAGNOSIS—Tonsillitis, chronic endocarditis, mitral regurgitation.

LAST KNOWN CONDITION—as above.

REMARKS—Much improved.

The writers of records in that clinic apparently make little attempt to date or review their diagnoses. Has the patient been attending the out-patient department steadily since 1922? When did he first have tonsillitis? And does he still have it, as the words "as above" would seem to

imply? Is he "much improved" now? And if so, where was the improvement, in the throat or heart? Opening and progress dates on those three diagnoses would much increase the scientific value of the record, and of course of the diagnostic index.

A third difficulty is that the same medical condition is frequently diagnosed in more than one department. A patient who goes to the general medical clinic with a skin condition which is diagnosed on his medical history as "acne," may then go to the skin department and have the same condition diagnosed as tubercular in origin. This type of conflict may give rise to serious difficulties later, and there is needed some ruling as to which shall be taken as the true diagnosis in such a case.

Much difficulty arises from attempts to provide for cross references. For the ordinary diagnostic index which is intended for case study, but where such study is infrequent, there is probably little use in attempting cross referencing. Partial cross referencing is of doubtful value, and attempts at complete cross referencing usually fail because the technique is difficult and the workers who are in charge do not understand how to handle it. What happens then is illustrated by the following notes, which were part of the study referred to earlier in this article. The first describes the procedure which is followed at one well known institution:

"If the patient has more than one diagnosis, cross reference cards are made for all combinations. For example, if a patient receives the diagnoses of rheumatism, flat feet, and infected tonsils, entries are made on nine cards, as follows:

1. Rheumatism
2. Rheumatism with flat feet
3. Rheumatism with infected tonsils
4. Flat feet
5. Flat feet with rheumatism
6. Flat feet with infected tonsils
7. Infected tonsils
8. Infected tonsils with rheumatism
9. Infected tonsils with flat feet.

"If the patient had had four diagnoses, entries would have been made on sixteen cards; five diagnoses would have meant twenty-five cards, ten diagnoses, one hundred cards, and so on. The work is so complicated that Mrs. G. no longer accepts the judgment of the doctors as to what should be entered. Instead of making a record of all diagnoses, she decides what is primary and what is secondary, and what might reasonably be omitted. Mrs. G. refuses to enter autopsy findings 'because this is a clinic record, and anyway it would drive me crazy to handle records for every one of the entries.'"

Again, in another city we find a similar situation:

"In the case of the patient whose record, with its ten diagnoses, was being studied, had all the cross referencing been made according to the

system used it would have been necessary to pull one hundred cards from the file, type, and refile them. As this procedure involves an impossible amount of work, cross references are made only for those diagnoses that happen to be made for a single patient on the same day. If the same diagnoses had been made on succeeding days, no cross references at all would have been noted."

It is entirely possible to establish a card index which will give complete cross reference, but the technique must be carefully worked out in advance, and requires considerable knowledge of statistical procedure, as well as a good deal of clerical service. For most out-patient departments it is probably an unwise project.

Finally, even where great pains are taken to maintain a complete and efficient diagnostic index it will be difficult to get the doctors to use it. Under typical conditions there are likely to be at best only one or two medical men connected with each out-patient department who have the time, energy, and intellectual curiosity regularly to study their cases. For such men it would seem desirable to maintain small diagnostic indexes of the cases, along the lines of their special interests. It is questionable whether a central diagnostic index of all cases in the out-patient department will be used frequently enough to justify its maintenance.

What Shall the Out-Patient Department Do?

We may summarize by saying that the diagnostic index is usually planned to assist doctors in locating case histories to use in medical research. It is difficult to administer, and it is almost inevitably incomplete and inaccurate. With a few exceptions, it is practically never used. In an out-patient department of any size it takes the full time of a clerk, and is a costly luxury, which should be sacrificed.

Sometimes, however, there are a few medical men on the staff who are genuinely eager and able to do research. How can they be cared for? First, by providing diagnostic indexes for their special clinic departments, and placing some responsibility for the professional supervision of these indexes upon the shoulders of the doctors who will use them. A second practicable solution is to maintain a central index, but enter in it only those special types of cases that are of interest to the doctors. If a doctor wishes to keep track of certain endocarditis cases, for example, he marks "Index" against the diagnosis with a red ink stamp, or some one of the salaried staff is instructed to mark all specified diagnoses. The history room may then, without unreasonable labor, maintain an index for all such stamped diagnoses. For most out-patient departments,

then, the small index within the clinic department, or the small central index for an especially selected list of diagnoses, is desirable, on one condition—that it is used.

It would be possible to set up and maintain a diagnostic index that would be an effective aid to medical and statistical research. Such an index would be large, central, usable, and used. An index, however, that is merely large and central adds nothing but false splendor to the out-patient department and should be abolished. In its place there should be one or more small and specialized indexes, each attempting to cover a much smaller field, and each actually being used by the people for whom it is maintained.

FLAT RATE CHARGES OFFERED AT READING HOSPITAL

The Reading Hospital, Reading, Pa., has recently adopted the policy of offering flat rates for obstetrical work as follows: Patients can secure accommodations in a two-bed room for a flat sum of \$50, covering a two weeks' stay. This rate includes all hospital charges, such as the care of the infant, all laboratory work and delivery room charges, but, of course, does not include the charge for the services of the patient's attending physician.

A flat rate of \$40 for a two weeks' stay is offered to ward patients, it being understood that cases requiring hospitalization longer than fourteen days will pay an additional rate per diem in the two-bed rooms at \$40 per week and in the maternity ward at \$3.50 per diem.

Some time ago a flat charge for tonsil work was established at this institution. The charge amounts to \$10 and covers operating room anesthesia and laboratory work. In addition to the \$10 flat charge the patient is expected to pay a per diem room or bed rate, according to the accommodations selected. The same system is used in the metabolic department and for submucous cases.

The scheme will be developed in other departments of this hospital as soon as it is practical to do so. Patients will then know exactly what their hospital charge will be and itemized bills will be unnecessary.

ARRANGING FOR A "HOSPITAL SUNDAY"

A suggestion that might possibly be useful for "Hospital Sundays" on this side of the Atlantic is contained in an account in an English newspaper of recent date of the Hospital Sunday proceedings in the ancient city of Bristol. In practically all the places of worship in the city Hospital Sunday was observed and collections taken on behalf of the Lord Mayor's Hospital Fund. The novel thing about the day's proceedings was, however, the fact that well known doctors occupied the pulpits of eighteen churches and "chapels" (nonconformist churches).

The arrangements were made through the Bristol Medical Association, the Medico-Chirurgical Society and the panel committee and this action of the doctors was much appreciated.

It is presumed that the fact that these medical associations made the arrangements regularized the proceedings; or, to judge by some recent decisions in England, the medicos who officiated in the pulpits might have found themselves charged with advertising.

MAKING A PLACE FOR THE DENTAL DEPARTMENT

By Harry A. Goldberg, D.D.S., Chief of Dental Service, Mount Sinai Hospital,
New York

THE recognition of dentistry as a special department of medicine is comparatively new, for prior to the researches of Drs. Rosenow and Billings, dentistry was regarded as a mechanical art. Only after the work of these men and that of Dr. Charles H. Mayo did physicians begin to realize that dentistry played an important part in medical diagnosis and that oral infections may and often do cause systemic disturbances and disease.

Up to the time that the significance of this was recognized, dentistry in the hospital, and in the out-patient department as well, had been a neglected field. In Mount Sinai Hospital, New York, for example, the practice of dentistry dates back only about twenty years. At first, the services of the dentist were employed only when requested by the physician. This service was of an emergency nature and consisted of alleviation of pain from an aching tooth by local treatment or by an extraction. When increased demand for dental service was felt, a dental department was created.

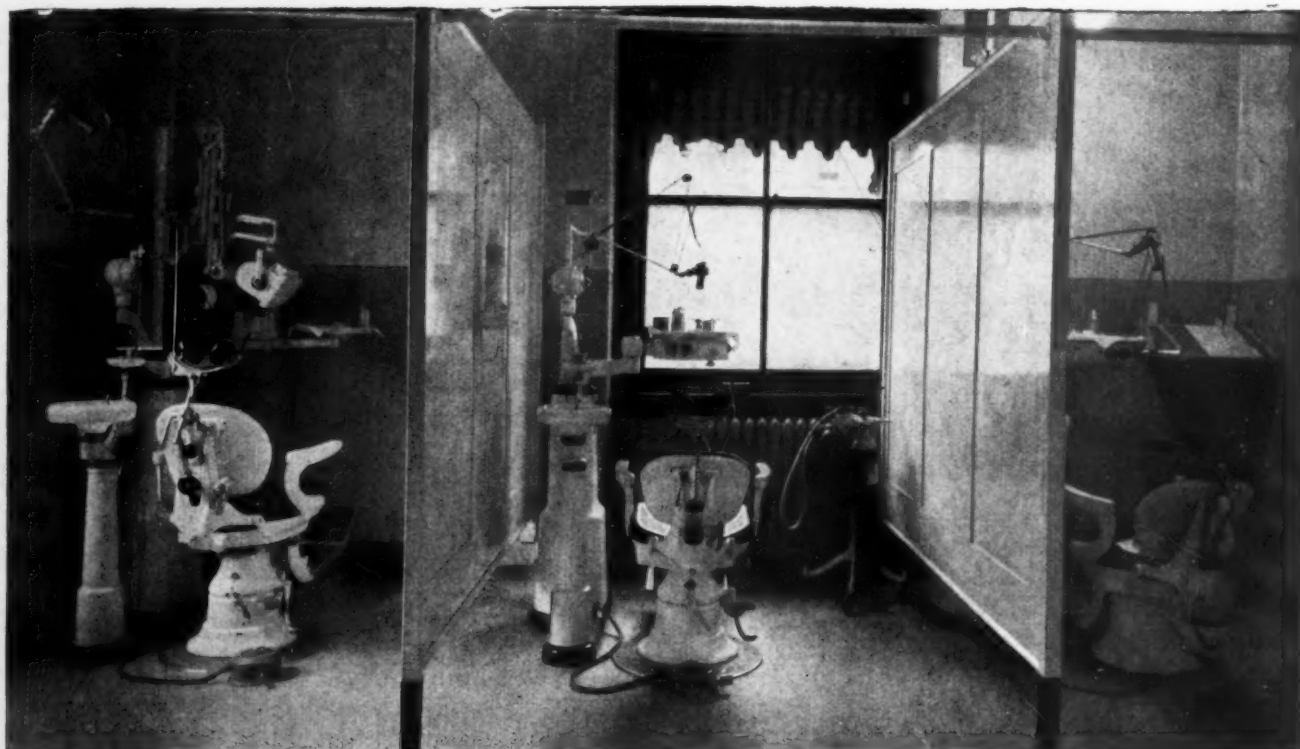
This department held sessions three mornings a week for the treatment of hospital patients referred to the dentist by the attending physician. The dentist did not have the privilege of seeing ward patients unless called in consultation. His

practice was limited to extractions, plastic fillings and other methods of stopping pain. Under such limitations the department could not and did not thrive.

When the writer was invited to take charge of the dental department in May, 1919, however, his interest in the question of dental infections and their relation to systemic disease was made known, and he suggested that if a daily clinic were established with a regular staff of dentists, dentistry would be able to contribute material aid in combating disease instead of affording merely temporary relief to the patient.

With the establishment of this daily clinic, the physicians referred larger numbers of patients and the attendance grew from ten to four hundred patients monthly. When this stage was reached, the dentists emphasized the importance of their making their own diagnoses on cases and asked for the privilege of enlarging the dental staff, making rounds, doing their own radiographs (which were formerly done in the general x-ray department), taking cultures and suggesting the use of vaccines in special cases endorsed by the physicians. In December, 1920, the proposed organizations and procedure were accepted.

This new dental service consisted of (1) oral



Dental operating room, Mount Sinai Hospital, New York. Units are used for oral surgery, operative and prosthetic dentistry and radiography.

diagnosis, (2) radiography, (3) operative dentistry, (4) prosthetic dentistry, (5) oral surgery, (6) orthodontia, (7) prophylaxis, (8) bacteriology, (9) pathology, (10) vaccine therapy. The hospital division has a staff of twelve dentists; the out-patient department, fifteen. The dentist in charge of the hospital division supervises both the in-patient and the out-patient branches of the dental service.

The in-patient department is on the ground floor of the main building, a convenient location for both ward and private patients. There are two rooms, a waiting and an operating room with a northern exposure. In this room there are three chairs, two of them with Forsythe units. The first chair is used for oral surgery, the second for operative and prosthetic dentistry, and the third for radiography. Other equipment consists of two electric sterilizers, an oral surgical cabinet, an instrument cabinet and a record cabinet.

Dentist Makes Regular Examinations

Rounds are made regularly by the dentist in charge of the department, whose duty it is to examine each patient in the ward to which he is assigned, make a diagnosis and suggest such dental treatment as he thinks necessary. He keeps a record of each patient examined and also writes his diagnosis on the dental-medical chart which is part of the medical history. When the physician goes over the medical chart, he sees the dental diagnosis and almost invariably refers the patient to the dental department for treatment. When this is not done, the dentist calls it to the attention of the physician. Thus, there is effective co-operation between the dentists and the physicians.

Where the teeth are thought to be the primary focus of systemic disease, if, after a thorough oral and radiographic diagnosis, it is found necessary to remove the diseased teeth, cultures are taken to determine the organism present. If the physician thinks it necessary, vaccines are administered by him.

Cases of particular interest are noted by the dentist in charge and contact with the patient is maintained through the social service department. Patients who have their teeth removed and are well enough to leave the hospital are also brought back and dentures are made to restore normal occlusion.

In 1924, David A. Schulte, realizing the importance of dental care for out-patients as well as for those in the wards, gave a very generous sum for the establishment of dental service in the out-patient department. This department has a waiting room, a consultation room and an operating room. All the apparatus is of the latest model.

The operating room is divided into three sections, each having a new dental chair and an electro-dental unit. The first section has a new x-ray apparatus. The second is used for operative and prosthetic dentistry and the third for oral surgery. In a corner of the clinic is the developing room; in another section are the surgical tables and steam sterilizer, and at the sides the instrument cabinets.

In the consultation or examining room histories are taken and diagnoses are made. When a patient reports for dental treatment he brings with him an abstract of his medical history, which is of great assistance to the dentist. When necessary, the dentist may consult with the physician on the case. The combined dental and medical history is recorded on the dental chart. This record chart is letter-size, for convenience in filing, is numbered and consists of four pages. On the first page identification material and the summary of the medical history are given, with space for detailed description of the result of the examination, radiographic findings, vaccine therapy and treatment. The other two pages are left blank for progress notes. When the dental work is completed the patient is sent back to the clinical department from which he was referred.

A clinical assistant looks after all the records, makes appointments and sees that all charges are correct in the case of patients able to pay.

The following is a list of fees:

Extractions without anesthesia, each.....	\$0.25
General anesthesia25
Fillings, small cement or amalgam, each.....	.25
Fillings, large cement or amalgam, each.....	.50
Cleaning (prophylaxis)25
Root canal therapy25
Regulating (orthodontia)	
Mechanical dentistry (prosthesis)	
Each x-ray film up to seven.....	.25
Eight films or more	2.00

When a patient is found unable to pay, these fees are remitted.

The dentists from both the in- and out-patient departments hold regular monthly conferences, to which the entire medical staff is invited. At these conferences, cases are reviewed, papers are read by physicians as well as dentists and everybody is invited to enter into the discussion.

Increasing knowledge of the close connection often existing between dental infection and systemic disease, has made evident the importance of dentistry in general medicine. A complete hospital service to-day must include a dental department. The understanding and cooperation of the physicians on the staff at Mount Sinai have helped tremendously in the development of such a department there.

STUDIES ON HOSPITAL PROCEDURES

THE HOSPITAL LAUNDRY

White, sweet-smelling linen is one of the prime necessities of the well conducted hospital. The public will accept (and rightfully so) no excuse for soiled, stained, or ill-smelling bed coverings, even though the problem of cleansing the often grossly soiled linens of the hospital is a difficult one. The laundry, its location, construction, equipment and operation, together with the issuance, transportation, and checking of linens of all sorts will be here considered in as concise, logical, and yet complete a manner as possible.

The question is often asked: Would it not be wise, and at the same time more economical, for the small hospital to send its linens to a commercial laundry? Indeed, this course is pursued by many institutions that have fewer than fifty beds. There are, however, not a few valid reasons why the hospital should own and operate its own laundry. Usually the work can be done more economically, with less delay and loss of linen than if it were sent outside, and the responsibility for the efficiency of the service rendered is placed solely in the hands of the superintendent.

Roughly, it may be said that when the bed capacity of the institution reaches thirty, the wisdom of providing laundry facilities is no longer in doubt. However, local conditions, such as the proximity to, or the remoteness from the hospital of the commercial plant, as well as the rate secured, may alter the whole aspect of the problem.

Location

Where ground is at a premium the laundry is often found in the basement, or even sub-basement of the hospital. This location is most unfortunate, for ventilation and aeration are difficult, and hence working conditions for employees cannot be of the best. Even though fans and forced ventilation of the latest and most efficient type are in use, no mechanical system can quite approach the benefit and comfort to workers of the natural air and sunlight which are afforded by a ground level location.

Again, the laundry is sometimes placed on the floor over the power plant. While the benefit and saving of such a location, as a result of its ad-

jacency to the source of steam and electricity, as well as the common use in the smaller hospital of the water softener by the boilers and the laundry, are of no little importance, yet this location is not always the best. Dust and smoke from the boilers often aggravate, and the waterproofing of floors is not always efficient.

A one-story building, with high ceilings (fifteen to twenty feet) and plenty of window space, is thought by many to be the most desirable type of construction. Although the regular progression of linen from the sorting room to the delivery room seems to be favored by a building of one story, yet in some of the best hospital laundries, the wash room and the ironing and folding rooms are on different levels. The chief drawback here is the question of vertical transportation.

Equipment

The amount and type of equipment required is a matter of individual opinion and preference, and is affected in no small degree by the type of hospital under consideration.

The amount of laundry floor space needed is variously estimated at from ten to fourteen square feet, and the cost of equipment, when installed, at from \$100 to \$130 for each hospital bed. Again, local conditions, such as the type and geographical location of the hospital, as well as the architecture of the laundry, must be considered as possibly altering these ratios.

For example, in one well known hospital of 112 beds, in the Middle West, the following equipment was recently installed:

- 1 36"x54" galvanized case, brass cylinder, solid head washer, belted, motor-driven
- 1 26" vertical, motor-driven extractor
- 1 100" two-roll return, apron, flat-work ironer
- 2 compound universal presses
- 2 ironing boards.

This equipment, with six employees, was able to launder 1,996 pieces of hospital linen a day, at an average total cost of \$19.50. Until the installation of this equipment this hospital was forced to send its linen to a commercial plant, under which system the cost was \$26 to \$33 a day.

In another institution of fifty-five beds the following equipment is in use:

- 1 42"x54" washer
- 1 28"x23" solid-head washer
- 1 30" extractor
- 1 3-compartment stationary tub
- 1 30"x42" drying tumbler
- 1 4-roll 100" ironer
- 2 presses
- 3 ironing boards.

Here four women, who work eight hours a day, are able to wash 1,223 pieces, or, approximately, 450 pounds of linen and wearing apparel daily.

The cost of operating this plant is \$530 per month.

That all machines should be of the same make in order to facilitate the standardization of extra parts, as well as repairs and upkeep in general, seems wise to most executives.* That every machine should be equipped with its own motor, so placed as to prevent contamination with water from the machine, is generally accepted as expedient. To provide, also, an extra washer, wringer and tumbler is a good emergency measure, unless the capacity of the mechanical equipment is much in excess of the hospital's daily requirements. A water softener is usually a valuable aid to economy. If the water used contains more than from four to six grains of calcium carbonate, or its chemical equivalent, per U. S. gallon of water, the installation of such equipment is an economic necessity.

Sufficient floor space must be provided for a room in which to receive and sort soiled linen. Its floor should be of concrete, and provided with floor drains, to facilitate washing. After sorting, the linen is transported to the immediately adjacent wash room. This room may, and probably should be, marked off with at least a partial partition from the space where the next laundry process is carried out, that is, the room where the wringers and dryers are located. If partitions are used, care to preserve a satisfactory circulation of air should be observed.

Blankets Need Especial Care

It is probable that if the various laundry operations—sorting, washing, drying, hand ironing, and folding—could be physically separated one from the other, a better morale, and, hence, efficiency among the employees doing any specific work, could be secured. It might also be possible to place some one person in charge of these various operations, and thus secure for him or her, not only a feeling of responsibility for the work to be done, but also a corresponding increase in efficiency. In hospitals having fewer than 100 beds this separation will not usually be possible.

There are a number of articles that require special equipment and materials, as well as a special technique, in order properly to protect the fabric in washing, and at the same time secure the desired cleanliness. I refer especially to blankets, to which much damage is done by careless washing in too hot water, which results in the shrinking and hardening of the blanket; its life and appearance, as well as its usefulness, being much impaired thereby. Some hospital laundries are equipped with special cool blanket dryers, and

many hospitals purchase a special soap for use in washing blankets. In smaller hospitals fluffing by hand or by machinery can be done, and does much to enhance the appearance and usefulness of high grade blankets. It is a well known fact that a too high percentage of wool, unless great care is taken in washing, will be likely to cause unusual shrinkage. Some hospital executives feel that it is an economy to send the blankets from their private floors to the dry-cleaner, so great is the difficulty that is encountered in properly cleansing these articles when their wool content is 80 per cent or over.

Up to this point, we have dealt simply with general expressions, relative to equipment and the handling of linen inside the laundry. Should the laundry man have full responsibility for the hospital linen, not only after its delivery to his sorting room, but also in transit, and even during its stay and use in the hospital wards and store-rooms? This leads to a discussion of the advisability and use of

The Central Linen Room

Many hospitals have a special linen mark for each department, and the linen so designated belongs to this department, just as much as if it were really a separate hospital in itself. This brings about a condition under which a careful head nurse, with a leaning toward economy, will have adequate linen, while in another department there may be an insufficient quantity. Hoarding by certain departments is a difficult problem to solve.

Any business, to be successful, must have as its basis of functioning the placement of responsibility for the proper performance of certain duties on a definite person or persons. The hospital laundry is no exception to this rule. Passing the responsibility from one to the other for the loss or destruction of hospital linen is possible to a marked degree under many, and, to a lesser degree, under most systems. Many executives believe that the so-called direct exchange system meets this basic need more nearly than most methods used. This system appears not only efficient from this standpoint, but also capable of installation in hospitals irrespective of size. Briefly, it contemplates the following:

1. To place upon the foreman of the laundry the responsibility for the marking, sorting, washing, transportation to and from the wards, and the mending of linens, as well as the replacement of worn out articles with new ones. In fact, the laundry man is charged with keeping the hospital continually supplied with clean linen of every type.

*For a more complete discussion of the cost and the kind of laundry machine equipment, see THE MODERN HOSPITAL YEAR BOOK (1926), pages 501-512.

2. To decide upon a standard (per bed) of linen, allowed daily in any given department.

3. The daily exchange, under the supervision of a laundry representative, of clean linen for soiled linen, piece for piece.

4. To provide for the disposal of condemned linens.

5. To mark all new linens—using a general mark instead of a department mark. In private room service this linen may be handled separately, the general system, however, not being altered thereby.

To bring this about, there must be provided in conjunction with the general laundry the following:

1. A central linen room, a sub-division of which shall be an exchange linen or supply room (for new linen).

2. A mending room.

3. Ward or departmental linen rooms (for daily supply only).

4. A space, either in the hospital department or elsewhere, for the storage of soiled linen until collected. (If chutes are used, departmental linens must be kept separately).

The functions of the exchange linen room are:

1. To secure, on requisition from the main storeroom, all new clothing and linen which is used anywhere in the hospital.

2. To replace worn out articles with new materials at stated intervals, in order to keep ward standards complete.

The foreman of the laundry has complete charge of not only the laundry proper, but the added departments mentioned above. Of course, over each of these divisions, or over a combination of one or more in the smaller hospital, there will be a forewoman, who is trained in performing these special types of work.

It is indisputable that one of the greatest problems of the hospital administrator is to prevent the stealing, as well as the misuse of the hospital's linen. It has been estimated that annually throughout the hospital field, upwards of twenty million dollars are spent for dry-goods, chiefly table and bed linens, and that about fourteen million dollars are spent each year for the cleansing of these materials. It will therefore be seen that the practical problem of safeguarding property of such immense value, in so far as the hospitals of the country are concerned, is one of great proportions. The functioning of the system, to which reference has just been made, may be briefly described as follows:

Soiled bed linen is placed daily by the head nurse in charge of each hospital department in a room provided for that purpose, known as the

soiled linen room. Every morning at nine o'clock one or more representatives from the laundry visits each department, and, in the presence of the head nurse of that department, counts this linen, the number of pieces being recorded in duplicate on slips prepared for the purpose, and the accuracy of the count being certified by the joint signatures of the laundry and the ward representatives.

This step appears to be the foundation for the successful operation of the whole system. The responsibility, then, for the condition and count of this linen is transferred in this way from the ward to the laundry representative, who sees that it is safely transported to the laundry, accompanied by a copy of the above mentioned slip, the original of which is delivered to the forewoman of the central linen room and at once becomes a requisition for clean linen.

This officer, on receipt of this slip, immediately prepares to replace each piece of the soiled linen with a clean article of the same sort. This clean linen is delivered early in the afternoon of the same day, under the supervision of the same laundry representative, to the head nurse of the department in question. At this time a similar joint count takes place, and the same certification is made as to the accuracy of the replacement.

Daily Inventory Is Kept

By this method, a perpetual daily inventory of the linen for each department is kept, and if articles are mutilated, or give evidence of misuse, such as the scrubbing of the floor with a clean sheet (an unbelievable practice to all but experienced hospital executives), the responsibility for this loss or misuse is immediately placed upon the head of the hospital department. There can never be any possibility of shifting the responsibility as to the amount of linen received, or as to the amount returned. The head of the department knows that she will receive as much linen as she sends in, but no more.

Hence, there enters a practical incentive for care and economy on the part of the nurse in charge. The responsibility for the proper transportation of clean and soiled linen, as well as the obviation of any possibility of theft in transit, is squarely placed on the general laundry supervisor, as has been intimated.

In connection with the central linen room is usually a sewing room, where mending and repairing can be done, as well as the room to which reference has been made, and which may be called the exchange linen room, or the linen supply room.

Fortnightly, the person in charge of this latter department is requisitioned by the forewoman of

the central linen room for new materials, to replace those worn out. (In smaller hospitals, the central linen room and the exchange linen room will, no doubt, be supervised by the same person.) The adequacy of linens in use in the wards is thus insured by this regular replacement. The annual estimation of linens needed emanates from the linen room supervisor.

Now, to have this system successful, it is necessary, of course, for a standard of ward requirements to be set. Not only must this standardization concern itself with the number of articles allowed for any specific ward, but it may be made to apply to providing special types of the same article, to be used for varied purposes. For example, special towels may be provided for the use of patients, doctors, nurses, and for kitchen and dressing room use.

These types may be designated by a variety of colored hems or stripes. In a large general hospital, in which all types of patients are treated, the following is the daily standard agreed upon for the public wards in the medical department:

For each bed patient, daily:

- 1 towel
- 1 sheet
- 1 pillowcase
- 1 bed shirt
- 1 spread } Wednesdays and
- 1 bath-towel } Saturdays

(Pillowcases are also used to cover air cushions)

Incontinent Patients: The following are the requirements for each incontinent patient, whose bed should be changed every four hours:

- Daily } 6 sheets
- } 4 shirts
- } 1 spread
- } 6 pillowcases

Convalescent Patients: All patients who are out of bed all day should receive on Saturday of each week the following:

- 3 sheets
- 2 pillowcases
- 1 spread
- 1 towel.
- 1 bath towel on Wednesdays and Saturdays.

It will be quickly seen that each department must have its own special requirements, and that the standard for one department may be most unsuitable for another treating a different sort of patient. Of course, in hospitals doing much private work the standard of linen requirements would be much higher. For instance, in a public general hospital ten pieces per day per bed is a fair laundry allowance, while in a hospital with much private service the average might reach fifteen per patient. This, however, need not in any way unfavorably affect the principle being discussed, the difference being only a variation in

the number of articles handled at any one time.

A good working rule for obtaining the total amount of linen required for a department is to multiply the number of pieces allowed for daily use, by two and one-half. This is necessary because the amount of linen constantly in the laundry being cleansed, or in transit, is about one and one-half times that in use in the ward.

Relation of Central Linen Room to Department Heads

It will be seen that this system has as its object the placing of responsibility in the handling of linens of all sorts upon one person or department. The requisitioning for new supplies upon the hospital storehouse is done by but one person—the forewoman of the central linen room. Nurses, who are heads of departments, have no dealings with the hospital storehouse, and therefore can not secure for themselves more linen than their department has a right to have. Nor can an active and aggressive head of a department secure from the laundry more linen than may be rightfully due her.

Other Laundry Systems

But one system of handling the hospital's laundry problem has been detailed. When the departmental scheme is used each division has its own mark, and receives from the laundry in return only that linen which it sent. That in some instances by this system not a little pride may be aroused on the head nurse's part in maintaining unstained and well mended linen is certain. Where linen in excess of daily needs is stored in many places, protection from theft is difficult and accurate inventories are impossible. Moreover, to fix the responsibility for mutilation or misuse of linen, even though the departmental mark is evident, is not feasible, because of the divided responsibility that exists.

There may be many modifications of the direct exchange system. The construction of the hospital may prevent its complete elaboration, but much will be gained if responsibility can be fixed for the count and the condition of linen, and if, instead of a monthly or quarterly linen inventory, this check can be made in a fairly accurate way daily.

When the first hospitals were established in England, they were intended to take care of the ill and poor and all pilgrims or travelers who happened to pass by and wanted a night's lodging. In order to protect the hospital from overcrowding by "knaves and schemers" who were not ill, the suppliant was forced to confess his sins and, if absolved by the priest, was admitted to the hospital for treatment or refreshment as his needs demanded.



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MORE HOSPITALS FOR CONTAGIOUS DISEASES

IN THE past decade many valuable additions have been made to our knowledge of the prevention and the treatment of contagious diseases.

The hospital executive no longer fears that his institution may be devastated by diphtheria should one case develop in his wards. Scarlet fever has lost much of its terror, as a result of recent discoveries as to its cause and cure. Small-pox no longer really alarms either the physician or the public, as it formerly did, because, relatively, there are now so few among our population who are susceptible to it. But although science has robbed these diseases of much of their erstwhile danger, yet the hospital has an important function to perform in making the victory complete.

There are 107 hospitals in the United States for the care of contagious diseases. These institutions, with an aggregate capacity of 9,309 beds, must perform the enormous task of caring for those of our 117 million people who contract a contagion.

It has been estimated by various investigators that for urban population one bed for every 2,000 persons is necessary for this purpose. But in the United States as a whole there is but one-sixth as many beds as would be required if this ratio were maintained.

That provisions for the care of contagious diseases are inadequate throughout the hospital field appears indisputable. Especially is this true in the rural districts, where too often the old-time pesthouse—which is too frequently all that its name implies—still exists. Moreover, it is to be deplored that unfounded and ill-explained fear and superstition, relative to a disease that comes so mysteriously, lead both to inadequate care of these patients and to the adoption of unscientific measures of prevention.

Fairness to the contagious patient and to the public demands early and efficient separation from the well. Indeed, to supplement the undoubted efficacy of toxin antitoxin in diphtheria, and of the newly discovered serum for scarlet fever, there must be provided in the hospital field more beds for the isolation and treatment of patients suffering with these diseases.

An efficient community hospital for contagious diseases is in many ways as indispensable as is the general hospital. Moreover, as our knowledge grows relative to the cause and the mode of dissemination of these conditions, it seems not unreasonable to predict that in the not far distant future the care of the contagions will be a func-

tion that will devolve on the general hospital. It is not expected that these patients will soon, if ever, be placed in common wards with medical or surgical patients; but satisfactorily to treat contagious diseases in buildings adjacent, or even joined to those caring for non-contagious diseases, has, in not a few localities, been proved not only possible but safe and practicable.

In the efficient handling of contagious diseases both the great functions of the hospital are exemplified—the cure of the patient and the advancement of community health by preventing sickness.

FEDERAL HOSPITALS AND THE PUBLIC BUILDINGS BILL

IN THE department, News of the Month, page 519, reference is made in "Federal Bill to Affect Marine Hospital Building," to the Public Buildings Bill and the fact that the services of two hundred or more architects are being procured by the supervising architect.

So far as is known, there is not in the employ of the supervising architect, any full time hospital architect of national reputation. The U. S. Public Health Service, a bureau in the treasury department, is charged with the duty of administering marine hospitals and the surgeon general, in his annual reports, has repeatedly invited the attention of Congress and the Secretary of the Treasury to the necessity for the construction of adequate modern hospital facilities at the ports of New Orleans, San Francisco and New York.

It is to be presumed and hoped that, since the Public Buildings Bill includes marine hospitals, new buildings will be erected at the ports above mentioned, and these institutions should be suitable for the requirements of the Public Health Service.

More than this, these hospitals should be models of their kind to the end that they may set an example for the entire nation. It is extremely difficult for the hospital field to convince the general public of the necessity for modern construction in the face of government institutions that are far below the standards of good hospital practice. Government institutions are, in their way, monuments of progress. Since the Federal Government is very slow to relinquish or reconstruct an institution in which it has made an investment, in the building of these new hospitals, care should be taken that they are up-to-date and are sufficiently in advance of modern trends to influence and stimulate hospital construction throughout the country. The Public Health Service can make no greater contribution to public health.

The hospital field feels warranted in offering

to the Surgeon General of the U. S. Public Health Service the best hospital architects and consultants in America. This group can and will assist him enormously in planning these institutions so that they will fulfill the rather special requirements of the Public Health Service and represent the best in hospital ideals and practice.

The fact remains, however, that the plans for these institutions must be drawn by government architects, the bulk of whom are to receive a maximum of \$3,800 a year. Would not the best results be achieved if Congress were to authorize the Secretary of the Treasury to employ at adequate salaries hospital architects and hospital consultants who will bring to the task experience, knowledge and the high ideals which cannot, in the very nature of things, be purchased for that salary?

EXPLAINING RATES TO PATIENTS

EVERY little while it is forcefully driven home to hospitals that as a group they are not wholly successful in educating the public. The copious distribution of annual reports, the publication of financial statements through community chests, the daily press and other methods of presentation seem not to reach the people who should be informed as to what the hospital does with its revenue from private rooms.

In many hospitals the fees for the average private room barely cover the service costs and upkeep of the room. A few hospitals set aside one or several private rooms that yield a profit of from one up to twelve dollars a day in order that this extra revenue may cover the cost of care of one or more free ward patients.

This system has proved a commendable method of offering certain well-to-do patients an opportunity to help pay for the care of specific ward patients unable to pay. It may be used to advantage, perhaps, by more institutions if they will take the trouble to inform the public that such rooms are not a scheme for profiteering off patients but a very legitimate way of helping to reduce the swelling annual deficits resulting from free and part-pay patients.

Hospitals would achieve an enviable position in community favor if they could but reach the large numbers of people in every locality who still believe that through some magical juggling of finances the hospital should be able to extend free care to all patients unable to pay, without individual or community help. It would likewise be a triumph if hospitals could succeed in correcting the misunderstanding of many of those of the so-called "middle class," or people of moderate means, who are frequently voicing the complaint

that hospitals are only concerned with the rich and the poor while the in-betweens are ignored.

Generally, these same patients demand a private room with all its attendant services but feel that they are overtaxed beyond their financial capacity when the room charges are six or seven dollars a day. Since most people are not interested in learning about the finances of the hospital until they become directly affected as patients, it might prove of benefit to devise a method of explaining the room rates to the occupants, indicating just what the per diem cost of service and upkeep totals and how the balance of the room charge is used by the hospital.

TALKING IT OVER

THERE are three essentials necessary for the success of any meeting of hospital superintendents: A good attendance, a good program and a good response from the floor. Without these no state meeting will be a success. The best program goes flat before an unresponsive audience; discussions to be of value must be carried on by many and this calls for good attendance; if the program is poor the superintendents have wasted their time in coming to the meeting. State associations will extend their usefulness only as all three of these elements are recognized and correlated.

* * *

WHILE the life of the intern in the receiving ward is not all "beer and skittles" yet he often meets some amusing situation. Not long ago a man with one side of his face so swollen that the unaffected side looked like a face in miniature, bustled into the receiving ward of one of our Western hospitals. He stepped briskly up to the embryo Æsculapius on duty there, and said, "What is the matter of me, Doc?" The intern, who by chance had recently seen a similar case, just as snappily replied: "Angio neurotic edema." "That's the ticket, Bub, I just wanted to see if you knew," returned the visitor, and promptly but somewhat less chestily departed.

* * *

HOW modestly do the epoch-making discoveries of the world announce themselves and how seldom do we recognize their gentle voice! Carlos Finley made his first public announcement before the International Sanitary Conference which convened in the city of Washington on January 5, 1881. His great message—a message that was to rid the world of the jaundiced handmaiden of Death—was received in absolute silence at the meeting and without comment in the press. On August 14, 1881, this time before the Royal Academy of Medical, Physical and Natural Sciences of Havana, Cuba, he again announced his belief that the striped-leg mosquito was the transmitting agent of yellow fever, and again without provoking discussion. It was not until seventeen years had passed that, thanks to the labors of Walter Reed and his associates, Finley's dogma was blazoned to the world.

* * *

THEY were talking about incentive and one superintendent complained that he could offer no inducement to his orderlies and domestic help that would lessen the turnover in this class of employees. From the corner of the room came this observation from an executive who,

while not a diplomat, has been highly successful in the hospital field:

"As long as you pick your help 'hit or miss' and feel that the selection is not important, you will entertain the floating hospital population of the world. When you realize that every time an orderly, a maid or dishwasher leaves it costs you money, you will spend a little more time in the hiring process and less time in the firing. My domestic help live at home and I see to it myself that they are reliable before they are entered on the pay roll. They didn't come to my hospital to earn a new dress or a new suit and quit, they came to earn a living. I feed them well and treat them right and when they quit it is usually a job for the undertaker."

There were no further comments about incentive.

* * *

NEARLY all state associations this year are considering the question of industrial compensation laws and the relation of hospitals to industry. With the exception of Ohio, none of the states characterized as industrial states has a just compensation law. To those who are thinking about concerted action and who are anxious to acquaint themselves with conditions, it would be well to read the leading article in this issue of THE MODERN HOSPITAL. It has been prepared by Dr. Frank L. Rector who is secretary-treasurer of the American Association of Industrial Physicians and Surgeons and secretary of the Conference Board of Physicians in Industry, as well as editor of *The Nation's Health*. Dr. Rector has made an unbiased study of conditions in industry for many years and this article is based upon a questionnaire recently sent to industries in every part of the country.

* * *

IN CONNECTION with your nursing school, did the fundamental difference between education and training ever strike you? The one is learning the "why"; the other is learning the "how." Education has to do with essentials; training with technique. The one teaches how to think, the other what to think. Education is the acquiring of a broad foundation for living; training is the perfection of a narrow, specialized field of activity. The ideal is to maintain a balance between the two—to build genuine character and to broaden knowledge.

* * *

IF THE superintendent's chair is found vacant on sunny June afternoons, he may be making an inspection of the powerhouse or the laundry. Mayhap, he had to attend an important meeting in town, or make a call at the bank, to draw out the remainder of his last month's salary. Just as likely he has gone to his private apartment, to prepare an address for the next meeting of the American Hospital Association. Yes, perhaps he has, but we doubt it. Is his golf bag in its accustomed place in the closet? Call the Country Club!

* * *

CONFIDENTIALLY, really to understand, not only the mental poise of your superintendent, but also something of his G.I.Q. (golf intelligence quotient), ask about his usual score, and also inquire concerning his remarks when his fifth and last ball went into the lake. Many of our most brilliant hospital executives, if mentally rated by their golf score, would appear almost, if not quite, feeble-minded. There is a striking similarity, however, between some phases of the golf game and running a hospital. Making the most of a difficult institutional situation and getting people well, even under comparatively adverse circumstances, has its counterpart in playing the

ball from a bad lie, and still not needing an adding machine to compute the score. Golf has saved the day for many a tired hospital executive, who has received from it what Sir Walter Osler used to describe graphically as "a fine brain dusting."

* * *

MAY and June are the months when many student nurses are being graduated from our training schools and to each who has spent her three years in diligence has come the reward of a diploma. THE MODERN HOSPITAL joins the hospital personnel and the general public in congratulating these young women about to embark upon a career of humanitarian service. Theirs is to be a life of sacrifice and courage, but recompense will come with the knowledge that they have been a dominant factor in saving life and alleviating suffering. The diploma is a coveted badge of honor.

* * *

ARE you an administrator who has faith in his associates and employees? If so, it is safe to say that your personnel responds to your faith in them with faith in you, in the work and in the organization. Your genuine appreciation of their efforts stimulates them to continuity of faithful effort. They know that your praise is not flattery and as you respect them so will they respect themselves. This makes for efficiency and loyalty.

* * *

WHEEL chairs and stretchers are pretty faithful hospital servants. They go on and on, like the proverbial brook, day after day, month after month, receiving no attention from anybody. To be sure, sometimes a rubber tire gets too large for the rim, and slips off, or buckles, and makes its distress known with an emphatic bump at every revolution. Sometimes the wheel bearings become loose, or broken or dry, and these servants then emit a high-pitched whine of pain. Perchance a nut that fastens the rear wheel to the frame becomes loose, and then it wobbles like the front wheels of a "flivver" in distress.

The moral of this tale is that tires may be reset for about fifty cents, and an inspection of our "rolling stock," with wrench and oil can, will save whines and squeaks, both on the part of the chair or stretcher, and the patients in or on them. Yes, a stitch in time saves nine, even in the case of a wheel chair.

* * *

WITH Memorial Day comes the season for vacations among the personnel. From now until Labor Day, and perhaps a few weeks beyond, every hospital will be on "short help" but happily this is also the "dull season" in most institutions. A year's work in any part of a hospital well earns a two weeks' rest period, and this brings up the point of whether the vacation is in recognition of a year's work or an investment made by the employer to insure better future service—a period of conditioning, if you please, before resuming another twelve months of labor. Most hospitals base it upon the year spent at work previous to the vacation, yet they would think the employee highly unethical should he resign immediately following vacation. This is a subject that is deserving of more thought than has been given to it in the past.

* * *

IT'S the nuts that hold an engine together. If they are selected with care and fitted accurately to the bolts they fulfil their function admirably. If these precautions are not observed, they interfere with the proper per-

formance of the engine and may do it harm. It is even so in an organization. Almost every hospital includes in its personnel one or more "nuts" possessed of minds that only a psycho-analyst can love. Almost always these are crusaders of the reformer type. If improperly placed in the organization these people are an irritation, a nuisance and a hindrance to smooth performance.

* * *

THE other day the daily prints carried a story that should be an inspiration to all who read it. The Dead Sea, which is 1,100 feet below tide level, is to be connected with the Mediterranean by a tunnel and the water head thus developed will be used to generate electricity, evaporation losses preventing the filling up of the sea. Thus the ingenuity of man will transform a gigantic force of Nature into heat, light, power and human comfort. Most of us have, somewhere in our make-up, a Dead Sea, some sink in our character which is producing nothing but the bitter salt of disappointment. Study of ourselves, knowledge, ingenuity and the will to do can harness the potentialities of this situation to the production of the warmth of kindness, the light of faith and the power for service, the bitterness of disillusion becoming sweetness of character and the satisfaction of accomplishment.

* * *

JUST as this department is going to press, Dr. Malcolm T. MacEachern has returned to Chicago after an absence of more than four months. Dr. MacEachern has been in Australia and New Zealand, where he studied the hospital systems of those countries at the invitation of their respective governments and where he has made recommendations for certain changes whereby it is believed standards will be raised, although he found both countries keenly alert in respect to their hospitalization problems.

* * *

OVER there Dr. MacEachern is called "The Apostle of Standardization" and he was given a royal welcome wherever he went. At the Alfred Hospital, Melbourne, he was presented with a beautifully engraved gold key on the occasion of the opening and dedication of the new biology and chemistry building; the premiers of both countries expressed their gratitude in official communications; the newspapers devoted many columns to hospital propaganda, and as the emissary of American hospitals he was received with enthusiasm by all.

* * *

DIFFERING from our own hospital system are those of both Victoria and New Zealand. In the July issue Dr. MacEachern will describe the Victoria plan and in the August issue the New Zealand system. In these countries there have been no pay or part-pay beds in the hospitals, and one of his recommendations is the establishment of "intermediary wards" where patients who are able to do so would pay for their hospitalization.

* * *

MY Pledge and Creed was exceptionally well received wherever Dr. MacEachern spoke. The conclusion of all of his illustrated lectures was My Pledge and Creed thrown on the screen, with this explanation:

"But no matter how fine your building may be, how competent your doctors and nurses, your institution will not be a success unless you live up to the spirit expressed in My Pledge and Creed."

This was widely quoted by the press of Australia and New Zealand and many people copied the wording either when it appeared on the screen or after the lecture was ended.

NEWS OF THE MONTH

CATHOLIC ASSOCIATION IN SESSION THIS MONTH

Plans are being made for the largest meeting ever held by the Catholic Hospital Association when members will assemble in Chicago, June 14-17, for the ninth annual convention, just preceding the International Eucharistic Congress, also to be held in Chicago, from June 20-24. The sessions of the hospital convention will be held at Loyola University.

The International Catholic Guild of Nurses will also meet in Chicago simultaneously with the association, and the guild meeting will be in charge of the Chicago branch composed of three hundred nurses from hospitals of Chicago and vicinity. The local guild is also organizing the alumnae of the Catholic schools of nursing to help take care of the pilgrims to the Eucharistic Congress.

The programs of the association and also of the guild will center around "Religion and Science," and the relationship that religious education bears to the advancement

of scientific knowledge. As in past years, many of the sessions of the association meeting will be taken up with committee reports on problems peculiar to the organization and management of Catholic hospitals, according to the Rev. C. B. Moulinier, S.J., president.

An emergency hospital is being built near the St. Mary's of the Lake Seminary, Mundelein, Ill., to take care of any accidents and illness of those attending the Eucharistic Congress.

BOARD OF INDIANA METHODIST HOSPITAL SYSTEM MEETS

A resolution authorizing the executive committee of the Methodist Hospital System of Indiana to build a nurses' home and laundry and power house at the Methodist Episcopal Hospital, and to establish an industrial wing and nurses' home at the Methodist Hospital, Gary, were features of general interest at the recent conference of the board of Indiana Methodist Hospitals, held at the Methodist Episcopal Hospital, Indianapolis.

Arthur V. Brown, president of the board, was re-elected as were the other officers of the board.

A gift of \$3,000 was reported from Frances E. Harris, Terre Haute, to the Indianapolis hospital to establish a memorial to her mother and father. New subscriptions amounting to \$7,500 were also reported.

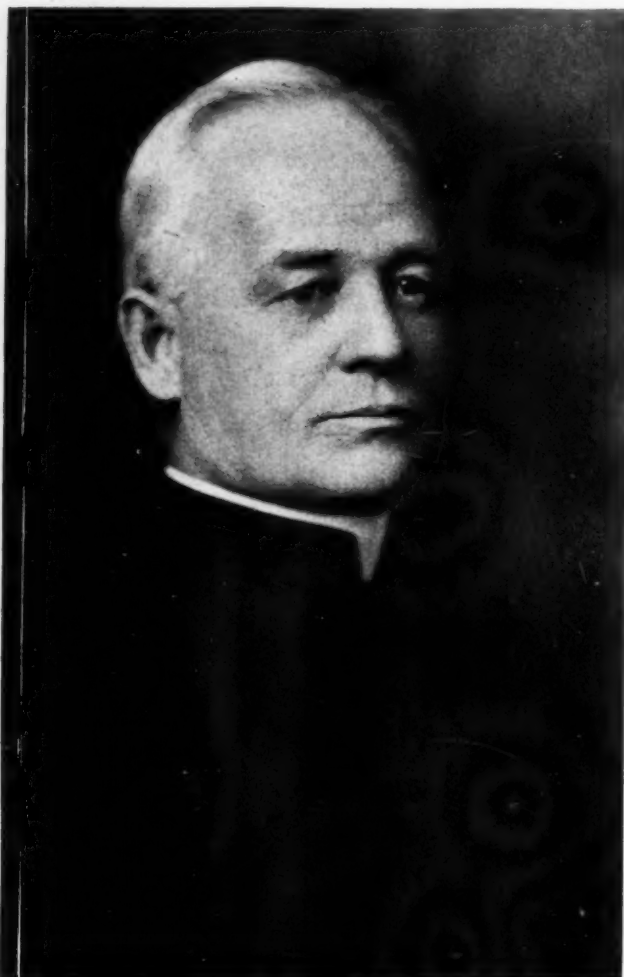
DIRECTORY OF CONVALESCENT HOMES NOW AVAILABLE

A directory of Convalescent Homes of New York City and vicinity has just been published by the Convalescence Service of the Hospital Information Bureau of the United Hospital Fund of New York. The directory is divided into two parts, the first classifying and listing alphabetically the name and address of each convalescent home, and the second part containing detailed information about each home. The publication thus aims to make the available resources for convalescent care known throughout the community in order that a maximum use may be made of them.

IOWA CONDUCTS MOBILE MENTAL HYGIENE CLINIC

An experiment with a mobile mental hygiene clinic is being conducted by the Iowa State Psychopathic Hospital, under a grant from the Rockefeller Foundation with the cooperation of the extension division of the University of Iowa, Iowa City.

The work is to be carried on by two separate groups of workers—a mobile clinic or field unit and a laboratory or scientific unit. The work of both groups is under the direction of Dr. Samuel T. Orton, director of the psychopathic hospital and professor of psychiatry at the university. Miss June F. Lyday, formerly chief of social service of the hospital, is acting as executive assistant to the director and field organizer for the mobile unit.



The Rev. Father C. B. Moulinier, S.J., president of the Catholic Hospital Association.

PROMINENT ARTISTS ASKED TO CONTRIBUTE TOWARD HOSPITAL INSIGNIA

OUTSTANDING authorities in art and architecture will be asked to furnish suggestions and designs for hospital insignia, according to the report of the joint committee that has been appointed by the trustees of the American Hospital Association and by the editorial board of *THE MODERN HOSPITAL*.

At a meeting held recently it was decided that inasmuch as the development of insignia and the selection of the one best adapted to the needs of the hospital field were of so much importance, it was advisable to call in those authorities who are devoting their lives to creative art work.

At a recent meeting of the committee plans were formulated whereby the ideas of many artists, sculptors, architects and curators of museums will be obtained for their suggestive value. It is the further intention of the committee to submit to the hospital officials who will attend the next annual meeting of the American Hospital Association the best of these designs, if it is possible to have the drawings ready in time.

State Associations Endorse Insignia Idea

The committee feels that the consensus of opinion of a large and representative group of hospital workers is not only desirable and advisable but essential.

The committee was gratified by the endorsement of the hospital insignia idea by many of the state associations as well as by the trustees of the American Hospital Association. By resolution the idea was unanimously endorsed by the Ohio Hospital Association, the Pennsylvania Hospital Association, the Hospital Association of the State of Illinois and others. Further endorsement by other state associations is expected during the month of June when several meetings will be held in various parts of the United States.

That there is a very definite need for such a symbol of hospital service and that there is widespread interest in the project is attested by the many letters from superintendents, trustees, medical staff members, public health officials and others. Nearly all agree that the insignia must be of a non-sectarian nature and be equally acceptable to all religious and racial groups.

Alexander Pringle, assistant superintendent, St. Luke's Hospital, Spokane, Wash., is another who emphasizes this thought in the following communication:

"You have already had so many endorsements of your idea, 'A Symbol for Hospital Service,' that there is little left to say except 'Find the Symbol.' So many minds are thinking of the subject that the happy solution will be found."

"The insignia should be simple and expressive, symbolizing the splendid union of science and religion to heal the sick, irrespective of age, sex, creed, rank or race; a symbol that would give offense to none whether in the Occident or the Orient, whether Jew, Turk, Hindu or Christian, a symbol of the fast growing spirit of service to the disabled, fitting insignia to typify the modern fight against the universal foes—disease and death."

Emily L. Loveridge, superintendent, Good Samaritan Hospital, Portland, Ore., writes, "It should be something which would indicate to all the world the work we are doing, for no matter where or in what form we work, it is the care of the sick."

Another meeting of the committee, which consists of Dr. A. C. Bachmeyer, president of the American Hospital Association, Asa S. Bacon, superintendent, Presbyterian Hospital, Chicago, and John A. McNamara, managing editor of *THE MODERN HOSPITAL*, with Tom Jones, the well known artist-anatomist of the University of Illinois College of Medicine, as advisory council, will be held during June and the proceedings will be published in the magazines serving the hospital field.

MISSOURI HOSPITAL ASSOCIATION MEETS AT ST. LOUIS

The fifth annual meeting of the Missouri Hospital Association was held at the Chase Hotel, St. Louis, Mo., May 17, and was well attended by superintendents and department heads of Missouri hospitals. After the business meeting an address of welcome was delivered by Dr. J. W. Shankland, hospital commissioner of St. Louis, to which response was made by Dr. B. A. Wilkes, president of the association. Dr. Fred S. Clinton, president of the Oklahoma Hospital Association, was also scheduled for an address at the morning session. Delegates were the guests of the New Jewish Hospital at luncheon, and the afternoon was devoted to a tour of inspection of the new hospitals in St. Louis.

Dr. R. Emmett Kane, president of St. Louis Association of Hospitals, was the speaker at the dinner held at the Chase Hotel. A round table session concluded the meeting.

The meeting was arranged for St. Louis so that delegates might also take part in the meeting of the Missouri State Medical Association which opened May 18, and might have the privilege of attending the dedication ceremonies of the new Jewish Hospital of St. Louis which took place May 16. This hospital cost nearly two and one-half million dollars and it was felt that a visit to it would be of educational value.

FEDERAL BILL TO AFFECT MARINE HOSPITAL BUILDING

Because of its direct bearing upon the future construction of government hospitals the Public Buildings Bill, which has been under discussion at the past two sessions of Congress, is attracting the attention of hospital people throughout the country.

The bill carries with it an appropriation of \$165,000,000 to be expended in annual allotments of \$33,000,000 during the next five years. This fund, which is to be expended under the direction of a board consisting of the Secretary of the Treasury, the Secretary of the Interior and the Postmaster General, is for the erection of public buildings in the District of Columbia and the various states.

Among the purposes for which the money may be expended is the building of marine hospitals. At present the construction, alteration and maintenance of public buildings is under the direction of the Supervising Architect, whose bureau is in the Treasury Department. Recently an advertisement was sent out from that department, through the Civil Service Commission, for two hundred or more architects at a maximum salary of \$3,800 a year.

INSIGNIA IDEA IS ENDORSED BY HOSPITAL ASSOCIATION OF ILLINOIS

WITH an excellent program of many speakers and with a good attendance the Hospital Association of the State of Illinois held its two-day annual meeting in the Crystal Room of the Hotel Sherman, Chicago, May 7 and 8. President George S. Hoff, secretary of the Lake View Hospital, Danville, presided and Clarence H. Baum, superintendent, Lake View Hospital, acted as secretary.

Dr. Paul W. Wipperman, superintendent, Decatur and Macon County Hospital, Decatur, was elected president for the coming year, succeeding Mr. Hoff who has been president for several years but who would not consent to another term of office because of the pressure of other business. The other officers elected were: E. E. Sanders, superintendent, Ravenswood Hospital, Chicago, vice-president, succeeding J. W. Meyer, manager, Aurora Hospital, Aurora; Joe F. Miller, superintendent, Methodist Hospital of Central Illinois, Peoria, secretary-treasurer, succeeding Clarence H. Baum.

Resolution Endorsing Insignia

Among the resolutions that were unanimously passed was one endorsing the idea for an insignia for all hospitals which read as follows:

"Resolved that this association go on record as favoring the idea of a suitable insignia for the use of hospitals throughout the United States and Canada, and further approve that the custodianship of such an insignia when selected be vested in the American Hospital Association. It is understood, however, that any insignia selected must meet with the approval of hospitals generally and that its use be restricted to reputable hospitals."

Other resolutions gave a vote of thanks to those members who delivered papers, and particularly to those who were not affiliated with the association or directly connected with Illinois hospitals; a vote of thanks to Mrs. Nan Ewing and the ladies auxiliary of the Ravenswood Hospital for the tea that was given to the members of the association at the Hotel Sherman on May 8; a resolution upon the death of E. J. Hockaday of the West Suburban Hospital, Oak Park; a resolution regarding National Hospital Day; and a vote of thanks and appreciation to the retiring officers.

Advisory Committee Appointed

Another important action of this meeting was the appointment of an advisory committee to act with the officers of the association. Dr. Malcolm T. MacEachern was appointed chairman of this committee which consisted of seven members.

The program started promptly on Friday morning and, following an invocation, an address of welcome was given by Dr. W. C. Evans, former health commissioner of Chicago. Dr. Evans dwelt upon the decline of epidemics and attributed this to the changing conditions in sanitation among the people and also upon the great improvements that have taken place among hospitals all over the world.

After the reports of the officers were received Maude F. Essig, R.N., principal of the school of nursing, Brokaw Hospital, Normal, read a paper on "A School of Nursing in a Small Hospital." Miss Essig brought out many points that were of interest to the superintendents and nurses present. She told of the "Constructive Criticism Club" that had been formed among the nurses, and its

value in promoting interest and morale. Her paper was discussed by several of the superintendents.

An enjoyable luncheon was given in the Gray Room of the hotel, when President Hoff introduced those present.

The afternoon session opened with a full attendance of about seventy-five, and the first speaker on the program was E. I. Erickson, superintendent, Augustana Hospital, Chicago, who told of the problems related to the planning of a large addition to a hospital. The addition at Augustana Hospital that has recently been completed was taken as the example of Mr. Erickson's talk, and he detailed the financing and working out of the plans for this proposition. This paper also brought forth much discussion.

Round Table on Special Problems

E. S. Gilmore, superintendent, Wesley Memorial Hospital, Chicago, conducted a round table for the remainder of the afternoon. There were many speakers and nearly all of the superintendents joined in the discussions. Such subjects as methods of arousing interest in the nursing profession, the hospital hostess, food service, community chests and power plants in laundries were taken up. Dr. N. P. Colwell, of the Council on Medical Education and Hospitals of the American Medical Association, spoke upon "The A. M. A. and the Hospitals of Illinois," Dr. F. A. Besley, treasurer of the American College of Surgeons, spoke upon "The A. C. of S. and the Hospitals of Illinois" and Dr. W. H. Walsh, executive secretary of the American Hospital Association, spoke on "How the A. H. A. Can Help the Hospitals of Illinois."

Health Work in Chicago Discussed

The annual banquet was held in the Crystal Room of the hotel and Dr. W. F. Geiger, assistant to Dr. Herman N. Bundesen, commissioner of the department of health, Chicago, delivered the address of the evening. He spoke upon health conditions in Chicago and the work of the health department. Other speakers on the program were Asa S. Bacon, superintendent, Presbyterian Hospital, Chicago, Mr. Gilmore, Herman Hensel, assistant superintendent, Presbyterian Hospital, Chicago, Dr. R. W. C. Francis, Edward Hines Memorial Hospital, Maywood, and President Hoff, who presided.

Saturday's session was given over to a discussion of winning financial support for the small community hospital in which W. B. Morris, superintendent, Illinois Baptist Sanitarium, Robinson, Rev. J. H. Bauernfeind, director of hospitals, Deaconess Society, Evangelical Church, Chicago, and others participated.

Dr. Robinson Bosworth, superintendent, Rockford Municipal Sanatorium, Rockford, read a very interesting paper on "The Place of a Municipal Tuberculosis Sanatorium in a Small Community." His paper evoked much discussion and all sides of the question were delved into by those attending the morning session.

"Providing Contagious Disease Hospital Facilities for a Small Hospital Community" was the final paper of the session. It was delivered by Ida B. Venner, R.N., superintendent, Passavant Memorial Hospital, Jacksonville.

At three in the afternoon the ladies auxiliary of the Ravenswood Hospital, Chicago, were hostesses at a most enjoyable tea party which was well attended.

The place of the next annual meeting has not yet been decided and will be announced later.

HOSPITAL MANAGEMENT COURSE WILL BE GIVEN AT TEMPLE UNIVERSITY

The six weeks' summer course in hospital institutional management at Temple University, Philadelphia, will open on July 6, 1926, and close August 14. The lectures will be held from 9 to 11 a. m. each week day except Saturday.

This is the third year the summer course has been given. Charles S. Pitcher, superintendent, Presbyterian Hospital, Philadelphia, will again direct the course.

Among the lecturers will be Hon. William J. Ellis, commissioner, Department of Institutions and Agencies, State of New Jersey; George R. Bedinger, executive director, Public Charities Association of Pennsylvania; Mrs. Mary C. Eden, directress of nurses, Presbyterian Hospital, Philadelphia; D. Adams, business manager, Jefferson Hospital, Philadelphia; Eleanor Altemus, registrar, Presbyterian Hospital, Philadelphia; M. P. Burlingame, manager, Wilson Laundry, Bryn Mawr, Pa.

The course will be especially valuable to those who have had hospital or institutional experience.

The curriculum will cover the following subjects: First steps in organizing a hospital; functions and principals of organization; relation of a department of institutions and agencies to the hospitals and institutions of the state; how the Public Charities Association of Pennsylvania helps the institutions of the state; administration; purchase and issuance; hospital accounting; hospital histories and chart records, including medical and surgical cases coming under all of the special departments; food conservation; construction, heating and lighting; departmental studies: (a) The training school; (b) the out-patient department; (c) the functions of the social service department; (d) laundry operation and management; (e) housekeeping; (f) functional organization studies of other departments; field work.

Philadelphia is a great medical center and the large number of hospitals, both general and special, afford abundant opportunity for laboratory instruction.

NORTHWEST ASSOCIATION MEETS

The Northwest Hospital Association met at Portland, Oregon, May 3 and 4, when there was a large and enthusiastic gathering of hospital executives representing institutions in Idaho, Washington and Oregon.

Emily L. Loveridge, superintendent, Good Samaritan Hospital, Portland, Oregon, was elected president of the association for the coming year. Miss Loveridge has been a prominent figure in Portland medical circles and organized the first nurses' training school in that city. Other officers elected were Evelyn H. Hall, superintendent, Seattle General Hospital, Seattle, Wash., first vice-president; Carolyn E. Davis, R.N., superintendent, Minor Hospital, Seattle, second vice-president, and Louis A. Dare, treasurer.

Dr. Malcolm T. MacEachern, associate director, American College of Surgeons, Chicago, gave an address on the subject of hospital standardization. Dr. MacEachern has just returned from New Zealand and Australia where he has spent five months making a survey of hospitals. He showed moving pictures and lantern slides of hospitals in these countries.

A business meeting was held on the morning of May 3 and reports of committees were given. The afternoon session was devoted to a symposium on hospital economics, following a round table discussion led by Evelyn Hall. Carolyn E. Davis discussed ways of financing and operating the administrative department; Dr. Charles Manlove, Good

Samaritan Hospital, Portland, told what the pathological department means to a hospital; Dr. Frank E. Butler, Emanuel Hospital, Portland, discussed the minimum standard for x-ray service in a hospital and Nettie Brock, R.N., superintendent, Swedish Hospital, Seattle, told the essentials for efficient surgical service. May S. Loomis, R.N., superintendent, Seattle City Hospital, spoke on nursing care, and laundry and bedding were dealt with by Mary Campbell, R.N., former superintendent, Portland Open Air Sanatorium, Milwaukie, Oregon.

DR. PELTON GOES TO ST. LUKE'S, CHICAGO

Dr. C. H. Pelton, superintendent, Elyria Memorial Hospital, Elyria, Ohio, has been appointed superintendent of St. Luke's Hospital, Chicago. He will take up his new duties about July 1.

Dr. Pelton has been superintendent of the Elyria Memorial Hospital, an institution of 175-bed capacity, for some years. Previous to that he was assistant to the late Dr. Arthur B. Ancker who for forty years was superintendent of the City and County Hospital, St. Paul, Minn., now known as the Ancker Memorial Hospital.

MICHAEL DAVIS TO STUDY OUT-PATIENT METHODS ABROAD

Hospitals and dispensaries in Leipzig, Vienna, Berlin and other European cities will be studied with a view to applying their experience to the fifty-six members of the United Hospital Fund in New York by Michael M. Davis, executive secretary of the Committee on Dispensary Development of the Fund, who sailed, April 28, for Cherbourg to spend several months abroad.

Mr. Davis will visit the division of medical education of the Rockefeller Foundation in Paris, the health department of the League of Nations at Geneva, the Community Hospital in Zurich, and other European hospital facilities.

He will make a special study of European out-patient methods in view of the increasing demands upon the non-municipal hospitals in New York for clinic and dispensary service. The member hospitals of the Fund now care for about a million patients per year, of whom more than half are treated in the clinics.

CATHOLIC CONFERENCE HELD AT JOHNSTOWN, PA.

The fifth annual conference of the Pennsylvania section of the Catholic Hospital Association was opened in Mercy Hospital, Johnstown, Pa., April 12, Mass being celebrated by the Right Reverend John J. McCort, bishop of the diocese of Altoona, Pa., assisted by Rev. F. Houghton, chaplain of Mercy Hospital.

The grading of schools of nursing was taken up in its different phases in interesting papers, and a general discussion ensued. The opening paper was "The Grading of Schools of Nursing from the Viewpoint of the Hospital Superintendent," by Sister M. Rose, Mercy Hospital, Pittsburgh. "From the Training School Principal's Viewpoint," by Sister M. Avellino, Mercy Hospital, Scranton, Pa., was the second paper, and was followed by a discourse "From the Viewpoint of the Medical Staff," by Dr. Leo Hornick, Mercy Hospital, Johnstown. The discussion was opened by Sister M. Laurentine of St. Francis Hospital, Pittsburgh, and was continued by Dr. E. L. Moorhead, Chicago, Father P. J. Mahan, dean of Loyola University, Chicago, and the Rev. E. F. Garesche, S. J., Milwaukee, Wis.

NORTH CAROLINA ASSOCIATION TO HAVE THREE-DAY PROGRAM

The tenth annual meeting of the North Carolina Hospital Association will be held at the Oceanic Hotel, Wrightsville Beach, N. C., June 10, 11 and 12 and promises to be of unusual interest.

Among the speakers will be Adda Eldredge, president of the American Nurses' Association, who will deliver the opening address on the evening of June 10. One session of the meeting will be devoted largely to a discussion of the hospital program of the Duke Foundation, recently established to operate in North and South Carolina. Dr. W. S. Rankin, director of the hospital section of the Foundation, will preside at this session. Others taking part in the three-day program will be John M. Smith, executive secretary, Hospital Association of Pennsylvania, who will deliver an address on the Workmen's Compensation Act; Rev. W. M. Whitesides, superintendent, South Carolina Baptist Hospital, Columbia, S. C., who will speak on hospital administration; Dr. B. W. Caldwell, formerly of the University of Iowa Hospital and now superintendent of the Gordon Keller Memorial Hospital, Tampa, Fla., and Dr. W. H. Walsh, executive secretary, American Hospital Association. In addition to the formal papers there will be a round table conducted by David M. Gibson, superintendent, Columbia Hospital of Richland County, Columbia, S. C.

Newton Fisher of the James Walker Memorial Hospital, Wilmington, will be in charge of the space for displays.

INDIANA ASSOCIATION TO MEET JUNE 4-5

The annual meeting of the Indiana Hospital Association will be held Friday and Saturday, June 4 and 5, at the Roberts Hotel, Muncie.

Many leaders in the hospital field have been scheduled to appear on the program, which will include papers and discussions on several topics of moment. The American Hospital Association will be represented by E. S. Gilmore, superintendent, Wesley Memorial Hospital, Chicago, past president, A. H. A.; and the American College of Surgeons, by Dr. Malcolm T. McEachern, associate director, hospital activities, who will present a paper on "The Standardization of the Smaller Hospital." The paper will be discussed by Lillian Barlow, superintendent, Witham Memorial Hospital, Lebanon, and Elizabeth Springer, superintendent, Huntington County Hospital, Huntington.

A paper on "Training School Affiliations" will be read by Mrs. Alma Scott and will be discussed from the standpoint of the small hospital by Adah Strayer, superintendent, Wabash County Hospital, Wabash; and from the standpoint of the large hospital by Mrs. Ethel Clarke. A round table on training school problems will also be conducted by Mrs. Scott.

"Recent Development and Tendencies in the Field of the County Hospital," is the subject of a paper to be read by Mrs. Louise Hiatt, superintendent, Clinton County Hospital, Frankfort. This paper will be discussed by Mrs. Lillian Mavity, superintendent, Blackford County Hospital, Hartford City, and by Virginia R. Witmer, superintendent, Grant County Hospital, Marion.

A round table on hospital administrative problems will be conducted by Robert E. Neff, superintendent, Robert W. Long Hospital, Indianapolis.

John M. Smith, director, Hahnemann Medical College Hospital, Philadelphia, is also scheduled to appear on the program.

An exhibit of hospital equipment and supplies will be held in connection with the meeting, and plans are being made for the Indiana Branch of the National League of Nursing Education to meet with the association, according to the announcement of Missouria F. Martin, R.N., superintendent, Muncie Home Hospital, Muncie, convention chairman.

DR. MAX KAHN DIES

Dr. Max Kahn, head of the department of metabolism, United Israel-Zion Hospital, Brooklyn, and director of the laboratories and chief of the department of metabolism, Beth Israel Hospital, New York, died recently at the latter hospital, of heart disease. Dr. Kahn was also professor of biological chemistry, Columbia University, College of Physicians and Surgeons, and is widely known as the discoverer of intarvin for the treatment of diabetes.

Dr. Kahn was a frequent contributor to *THE MODERN HOSPITAL*, an article by him, "Laboratory Technician as a Vocation for Cardiopathics," having appeared in the May number of the magazine.

METHODIST EPISCOPAL CHURCH, SOUTH, FORMS ASSOCIATION

Superintendents and executives from various hospitals under the auspices of the Methodist Episcopal Church, South, met in Atlanta, Ga., April 13, and after discussing numerous hospital problems, formed "The Hospital Association of the Methodist Episcopal Church, South."

The officers of the newly formed association are Dr. C. C. Jarrell, general secretary of the hospital board of the Methodist Episcopal Church South, Atlanta, Ga., president; Dr. L. H. Burlingham, superintendent, Barnes Hospital, St. Louis, Mo., vice-president, and Rev. L. H. Estes, Memphis, Tenn., secretary.

The institutions of this church now in operation or in process of construction are Barnes Hospital, St. Louis, Mo.; Wesley Memorial Hospital, Atlanta, Ga.; Montgomery Memorial Hospital, Montgomery, Ala.; Methodist Hospital, Memphis, Tenn.; Methodist Hospital, Houston, Tex.; Methodist Hospital, Hattiesburg, Miss.; Good Samaritan Hospital, Lexington, Ky.; Dallas Sanitarium, Dallas, Tex., and Methodist Hospital, Fort Worth, Tex.

SESQUI-CENTENNIAL TO HAVE COMPLETE EMERGENCY UNIT

The emergency hospital which is being erected on the grounds of the Sesqui-Centennial, Philadelphia, was recently started when Secretary of Commerce, Herbert Hoover, dug the first shovelful of earth for the foundation.

The hospital will be built at a cost of \$14,500, and will contain eight beds for the treatment of accidents or sudden illness, and all the essential equipment of a first-class modern hospital. Besides its medical and nursing services it will maintain an ambulance service between the grounds and Philadelphia General Hospital.

Secretary Hoover, Rear Admiral Herman O. Stickney, U. S. N., retired, federal commissioner for the Sesqui-Centennial, Dr. Wilmer Krusen, director of Public Health, Philadelphia, and chairman, committee on medical and allied sciences of the Sesqui-Centennial, and other representatives of the medical and hospital fields who attended the ground breaking ceremonies were formally met by an ambulance from the Philadelphia General Hospital, which is to have charge of the emergency hospital.

DR. WEISS, OF MERCY HOSPITAL STAFF, PITTSBURGH, DIES

Dr. Edward A. Weiss, well known surgeon and head of the staff of Mercy Hospital, Pittsburgh, died recently, at Honolulu, where he had been for several weeks in an effort to regain his health. Dr. Weiss' death was caused from an infection in his hand sustained during an operation.

He was a member of the faculty of the University of Pittsburgh and an active member of the Allegheny County Medical Society. He was also a member of the staffs of Roselia Maternity, Elizabeth Steel Magee and Presbyterian Hospitals and chief of staff of St. Paul's Roman Catholic Orphanage.

Over two thousand people attended the funeral services, which were held in Pittsburgh. Among the many representatives of hospitals of the city were 145 nurses, dressed in uniform, sixty Sisters from the various hospitals and fifty children from St. Paul's Orphan Asylum.

CONFERENCE ON HEALTH PUBLICITY METHODS HELD

Publicity methods for health education was one of the main subjects under discussion at the recent two-day conference held under the auspices of the Milbank Memorial Fund, New York, which is spending \$2,000,000 to reduce sickness and death in New York state. Many prominent

health workers, among whom were Sir Arthur Newsholme, Homer Folks, and John A. Kingsbury, attended the meeting.

The conference consisted of a series of round table discussions on subjects pertaining to the development of the health educational programs in the various counties.

One of the features of the session was a clinic on publications, conducted by William Edwin Rudge, former president, American Institute of Graphic Arts, and former chairman of the committee for better printing in the United States of the Typothetae of America. Discussions were also held concerning the use of lectures, newspapers, literature, posters, films, plays and pageants in community health work.

UNITED HOSPITAL FUND PRESIDENT PLANS BRITISH STUDY

Henry J. Fisher, president of the United Hospital Fund of New York, sailed for England, April 21, to study the organization, operation and administration of King Edward's Hospital Fund for London, which is similar to the United Hospital Fund of New York.

According to Mr. Fisher, King Edward's Hospital Fund promotes coordination among 118 London hospitals and makes an annual collection of funds toward their support. He plans to secure additional data that will expand and increase the efficiency of the Fund in New York.



Above is the architect's drawing of the Passavant Memorial Hospital, Chicago, which recently completed a campaign for funds for a 200-bed hospital, raising a sum of upwards of \$1,250,000. The hospital will be erected on the McKinlock campus of Northwestern University, and the hospital, along with the new Wesley Memorial Hospital, to be built near it, will serve as a clinic for the students of Northwestern University Medical School. The architects of the Passavant Hospital are Holabird and Roche, Chicago.

MISS BURGESS GOES ON COMMITTEE FOR GRADING NURSING SCHOOLS

The Committee on the Grading of Nursing Schools, at a meeting held in New York on April 14, appointed May Ayres Burgess, Ph.D., as director of study.

From an academic point of view Miss Burgess is a well educated statistician; from the practical standpoint she has had many years of statistical work, much of it under the tutelage of her brother, Colonel Leonard P. Ayres. The fact that she has worked in the field of education and also with a group allied with nursing (The Committee on Dispensary Development of the United Hospital Fund) and has demonstrated her interest through the initial studies of private duty in New York State, should establish her immediately in the confidence of all nurses and hospital workers.

Miss Burgess will have her headquarters at 370 Seventh Avenue, New York.

At the meeting the following resolution was adopted as a statement of program for the committee:

RESOLVED, That it be the program of the Committee on the Grading of Nursing Schools (a) to conduct studies of the fundamental facts and factors determining an efficient nursing education, and (b) to formulate and apply tentative standards for the grading and classification of nursing schools, both lines of work to proceed together. The studies of fundamental facts and figures shall cover three distinct fields of inquiry:

1. The need and supply of nurses and other nursing functionaries.
2. The occupational analysis of the nursing service as to knowledge, skills, traits, etc., required.
3. The current status of existing facilities for the training of members of the nursing profession.

GRADUATE MEDICAL COURSES GIVEN BY UNITED ISRAEL-ZION HOSPITAL

A graduate medical educational course was recently conducted at the United Israel-Zion Hospital, Brooklyn, N. Y., under the auspices of the joint committee on graduate education of the Long Island Medical College and the Medical Society of the County of Kings.

Sessions on pathology were held every Wednesday and Friday. Eight lectures were devoted to diseases of the gastro-intestinal, pulmonary and circulatory systems. Other courses included sessions on clinical pathology and case histories of suppurative ear diseases held once a week, and plastic surgery of the face and nose, held once a week.

The hospital also conducted a series of health forums attended by several thousand laymen.

NEW YORK POST-GRADUATE HOSPITAL OFFERS ADMINISTRATIVE COURSE

The Post-Graduate Hospital, New York, will, this summer, offer a brief course in hospital administration, adapted to meet the needs of busy hospital executives whose experience has been of such a nature as to make it unnecessary to explain the basic points of hospital administration. The course, which will be held during the month of July, is intended to show the passage of a patient from admission to discharge and the correlation of the service departments which are essential to the patients' well-being although they may never come in contact with them.

A feature of the course will be visits to factories and salesrooms of manufacturers and dealers in hospital sup-

plies, where the students will have an opportunity to study comparative uses and values of hospital equipment.

This administrative school has been formed in response to frequent requests received by the Post-Graduate Hospital from graduates in both medicine and nursing, as well as from hospital executives, for permission to visit the institution and learn something of its methods. It will give an opportunity for an interchange of ideas, and a chance to see one of the larger metropolitan teaching institutions carrying on the usual functions. Practically every department head has been enrolled as a member of the faculty and will demonstrate the workings of his or her department and give brief explanatory lectures.

UNITED FUND DISTRIBUTES \$600,000 AMONG MEMBERS

The sum of \$600,000 has been divided among the fifty-six institutions that are members of the United Hospital Fund, New York, at a recent meeting of the fund's distributing committee. The amount distributed this year exceeded that of last year by \$100,000.

The largest sum, \$60,000, went to the Montefiore Hospital for Chronic Diseases, the next largest, \$45,030.65, went to Mount Sinai and the third highest, \$31,618.09, went to St. Luke's Hospital.

The fund, which is raised through an annual appeal, is distributed to the hospitals in proportion to the amount of free service they give. It was established in 1879 and is now supported by 10,000 donors.

MICHIGAN HOSPITAL ASSOCIATION WILL MEET JUNE 23 AND 24

The summer meeting of the Michigan Hospital Association is planned to take place at Muskegon, June 23 and 24. Amy Beers, superintendent, Hackley Hospital, Muskegon, is chairman of the local arrangements committee. The program includes several round table sessions to be held in the mornings, and the afternoons and evenings are to be given over to entertainment. Dr. W. L. Quennell, superintendent, Highland Park General Hospital, Highland Park, is president of the association, and Dr. Donald M. Morrill, director, Blodgett Memorial Hospital, Grand Rapids, is secretary. The headquarters of the meeting will be at the Occidental Hotel.

STURGIS FUND ENLARGED

The Sturgis Research Fund of the Burke Foundation, White Plains, N. Y., for the development of convalescent homes has recently received an enlargement of its endowment through the gift of its founder and by the accumulation of a sum through the sales of occupational therapy products.

By this aid a second study of results of neuro-mental convalescence is being made as well as continued support of the American Heart Association and kindred advancements.

ROLL CALL FOR TWENTY-YEAR VETERANS

One of our readers who is keeping a record of hospital service desires the names and dates of appointment of all superintendents in the United States and Canada who have served continuously in that capacity for twenty or more years. The term of service need not necessarily have been in one hospital but may have been in many. The editor of THE MODERN HOSPITAL will welcome replies to this inquiry.

BUILDING A SANATORIUM IN THE DESERT



By Bernard Langdon Wyatt, M.D., President, Board of Directors, Desert Sanatorium, Tucson, Ariz.

HEALTH seekers who read about the fascinating desert regions where the sun shines almost every day in the year and the air is always warm and dry have little conception of the problems to be solved in the establishment of facilities for their care and comfort. This is particularly true when provision must be made for sun treatment at all seasons of the year and under constantly varying atmospheric conditions.

From the following description of the special problems of the Desert Sanatorium of Southern Arizona and their solution, the writer hopes that some incentive will be given to others to attempt to conquer the desert, so that this pioneer effort will not long stand alone.

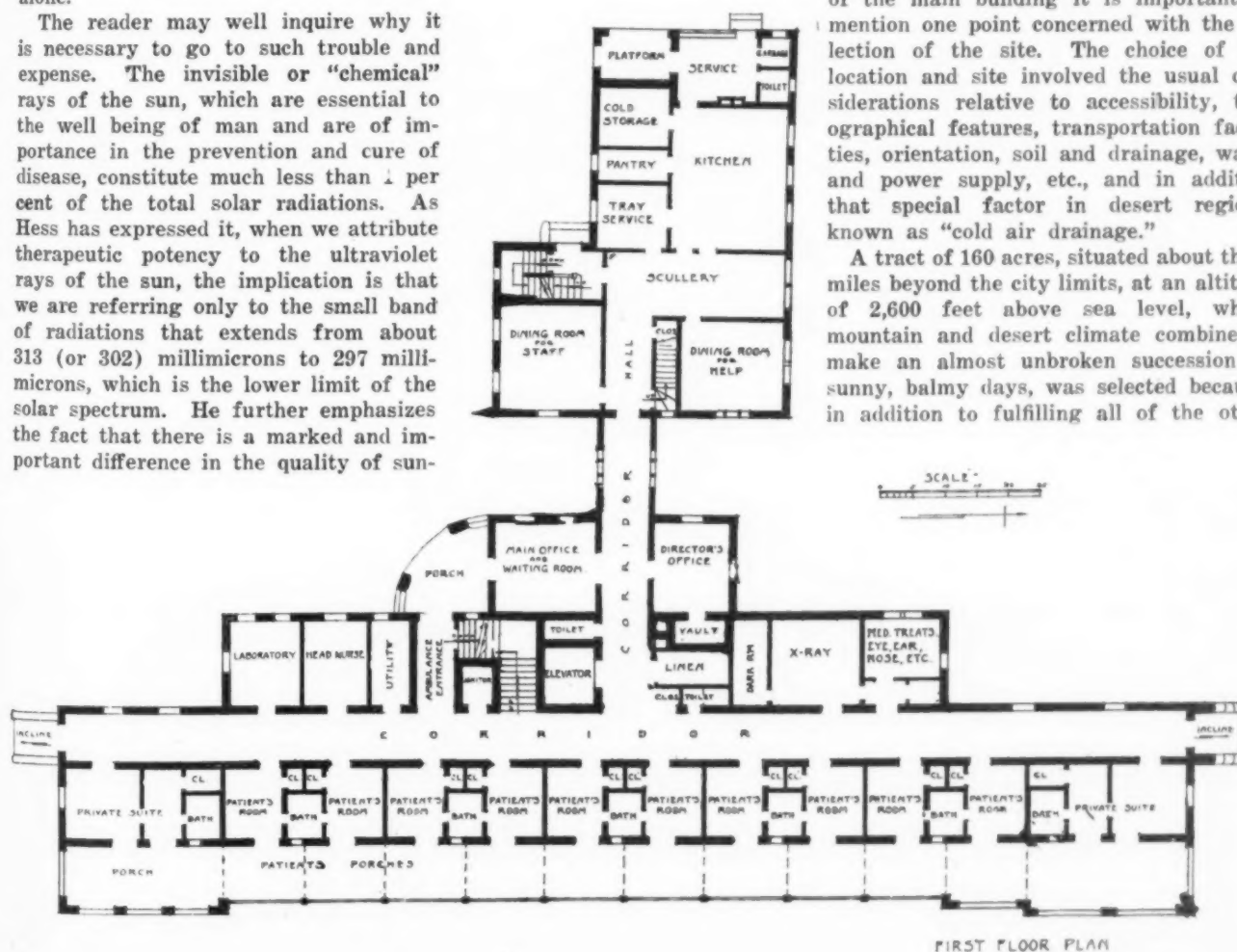
The reader may well inquire why it is necessary to go to such trouble and expense. The invisible or "chemical" rays of the sun, which are essential to the well being of man and are of importance in the prevention and cure of disease, constitute much less than 1 per cent of the total solar radiations. As Hess has expressed it, when we attribute therapeutic potency to the ultraviolet rays of the sun, the implication is that we are referring only to the small band of radiations that extends from about 313 (or 302) millimicrons to 297 millimicrons, which is the lower limit of the solar spectrum. He further emphasizes the fact that there is a marked and important difference in the quality of sun-

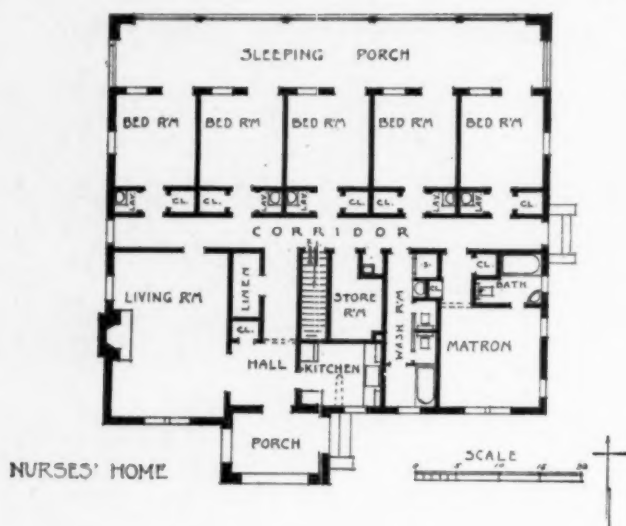
light as evidenced by the observation that radiations about twenty millimicrons shorter are received from the sun as it climbs from ten degrees to sixty degrees.

It is, of course, possible that there is virtue in the solar spectrum considered as a whole and that the power of the specific ultraviolet radiations may be intensified by the reciprocal action of some of the longer waves. The important consideration, however, is that the desert of Southern Arizona is a highly favored region from the standpoint of both the quantity and quality of its sunlight and therein lies the reason for establishing the Desert Sanatorium, where abundant sunlight is available.

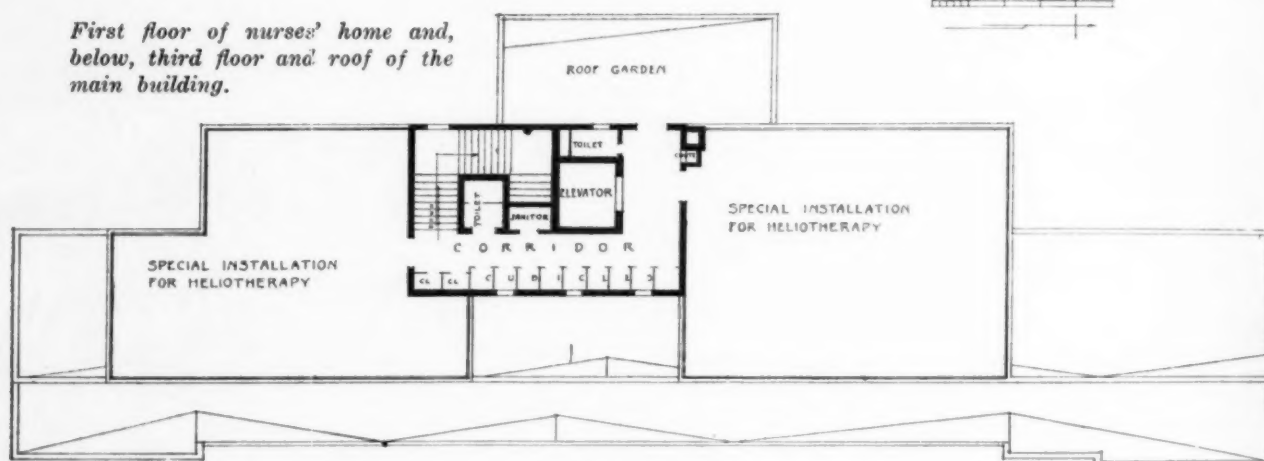
Before describing the architectural details of the main building it is important to mention one point concerned with the selection of the site. The choice of the location and site involved the usual considerations relative to accessibility, topographical features, transportation facilities, orientation, soil and drainage, water and power supply, etc., and in addition that special factor in desert regions, known as "cold air drainage."

A tract of 160 acres, situated about three miles beyond the city limits, at an altitude of 2,600 feet above sea level, where mountain and desert climate combine to make an almost unbroken succession of sunny, balmy days, was selected because, in addition to fulfilling all of the other





First floor of nurses' home and, below, third floor and roof of the main building.



MAIN BUILDING FOR THE
DESERT SANATORIUM OF SOUTHERN ARIZONA INC.
TUCSON, ARIZONA
HOLMASTAD, ARCHITECT.
TUCSON.

THIRD FLOOR AND ROOF PLAN

requirements, it lay within the cold air drainage belt.

A few hours after sundown in the summer time currents of cold air from the nearby mountain ranges descend into the river beds and overflow onto the surrounding plain with the result that the night temperatures within this belt are from 10° F. to 15° F. lower than would otherwise prevail.

The Hopi style of architecture was adopted because of its appropriateness, the uneven outlines harmonizing with

the sky line of the surrounding mountain ranges and the scenic ruins of historic Fort Lowell to the north. Arizona Indians originated this design for their pueblos hundreds of years ago and still use it.

The special features of the main building are the natural and the more or less obvious result of making the comfort of the patient at all times, and particularly during the summer months, the primary consideration.

The main veranda is a combination of masonry and wood. Hand hewn square posts with Indian-Spanish bolsters support rough hewn beams and have high and wide spaces for the Arizona sunshine to reach the patients.

All of the patients' rooms and porches were orientated to face the east and the building is so designed that the rays of the sun cannot fall upon the outside walls of any patient's room. A corridor in the first and second stories, extending north and south the length of the building, gives access on the east to rooms for patients,

which in turn open on the main veranda, this latter being subdivided by adjustable curtains. The west side of the corridor opens into offices and service rooms. A shorter corridor extending west leads to the elevator, reception room and director's office; also through a one-story connection to the culinary unit.

The culinary department contains the staff and guest dining room, employees' dining room, kitchen, pantry, cold storage room, scullery and service facilities. Two stair-



cases lead to the second story of this unit, half of which is for men and half for women, of the domestic staff. A sleeping porch is also provided. The basement under the kitchen contains the refrigerating plant, laundry and storerooms.

Under the main building is basement space for the heating plant, incinerator and baggage.

Every patient's room has a porch and a completely equipped bathroom. On each floor are private suites consisting of a living room, dressing room, bath and porch.

Thermostatically controlled, oil burning, hot air furnaces are being installed, and in the summer time the ducts of the heating system will be utilized for conveying throughout the building air that has been cooled by washing.

The attic contains a dead air space and between the ceiling joists there is a layer of insulating material which in hot weather will effect a reduction of from 10° F. to 20° F. in the temperature of the rooms beneath.

The solariums on the roof are reached by an elevator and stairway. Adjacent to the solariums are toilet rooms and dressing cubicles.

Two of the Unique Features

Two features of the Desert Sanatorium are unique. The first is an ultraviolet solar radiometer (the invention of Professor Edison Pettit of the Mt. Wilson Observatory staff of the Carnegie Institution) by means of which variations in the intensity of radiations of short wave length may be accurately measured and the patient's dose of ultraviolet rays determined with precision in terms of Angstrom units; the second is a special heliotherapy installation with an area of 2500 square feet entirely enclosed with a material that transmits ultraviolet radiations. Briefly, Professor Pettit's instrument consists of two lenses of quartz set into air-tight cells. The inner surfaces of one cell are silvered and those of the other are gilded. The two cells are mounted on a disc which is rotated by a motor, the rotation being controlled by an escapement, electrically operated by a contact clock. A galvanometer in circuit with the thermocouple registers its deflections photographically upon a moving plate.

With this equipment a complete comparison between the ultraviolet light at the extreme end of the solar spectrum and the green light at the maximum of solar energy will be made every four minutes throughout the day, the operation being automatic.

The special heliotherapy installation will feature a transparent nitrocellulose product (cellophane) which is .0008 inches thick and, according to tests with the ultraviolet solar radiometer, transmits approximately two thirds of the total incident ultraviolet rays between 2900 and 3000 Angstrom units.

Southwest of the main building, and nearer the entrance to the grounds, is the director's residence with a patio and outside rustic stairs to the roof. To the northwest is the nurses' residence with bedrooms, head nurse's suite, kitchenette, sleeping porch and an attractive living room with a fireplace.

One of the principal objectives of the Desert Sanatorium is the scientific study of the significance of solar radiations in the prevention and cure of disease. A sunschool unit for children with nutritional deficiencies will be one of the outstanding features of the institution. Accommodations in the main building were especially designed for the treatment of non-pulmonary forms of tuberculosis, arthritis, rickets and other diseases.*

*The writer wishes to acknowledge his indebtedness to Henry O. Jaastad, architect, and Major E. C. Dietrich, consulting engineer, for valuable assistance in the preparation of this paper.

COLOR AIDS PHYSICAL WELL-BEING

No human being is entirely normal. Some of us suffer from over-stimulation, others from repression. A scientific selection of the colors with which we surround ourselves can go far toward establishing the balance necessary to both our mental and physical well-being. A person of a nervous temperament should not be subjected to a stimulating color environment. A person suffering from depression or of a pessimistic or negative temperament, however, needs all the stimulation that color can give.

Children are unusually responsive to their color environments, and their personalities can be moulded and undesirable temperamental tendencies checked by a judicious selection of the colors with which they are surrounded.

Frank E. Chapman, director, Mount Sinai Hospital, Cleveland, says that the mental reaction created by white walls on the mind of the patient is indescribably bad. Light colors are as sanitary as white, and "hospital equipment" is not necessarily more healthy than "furniture."

In decorating the New York offices of the Life Extension Institute, the decorator had the opportunity to depart from established tradition and put into practice some of the modern theories of color psychology.

The color scheme and furnishings of the reception room were designed with the idea of creating an environment that would divert the thoughts of waiting patients from their maladies, and put them in a more normal frame of mind.

A soft yellow green was chosen for the walls—the color of sunlight on early spring foliage. It is a color both stimulating and soothing, and associated with new life and growth. Window curtains of a transparent orange material brought the effect of perpetual sunshine into the room. Shadowy violet rugs covered the floor and the woodwork was finished in a lavender gray. Gay Chinese prints in red lacquer frames gave the eye resting places on the wall, and colorful bits of porcelain lent interest to the utilitarian pieces of furniture. The chairs and settees were selected not merely to supply seating accommodations, but to give comfort and relaxation, and to carry out the decorative scheme of the room. Good reading lights with parchment shades, individual magazine racks and small red lacquer writing tables were placed in convenient proximity.

The same color scheme in more delicate tones was carried out in each of the twenty examining rooms.

The results have seemed to justify the premise. The doctors and nurses noted a marked change in the general atmosphere of the reception room, and the attitude of the patients. The tension was relieved. There was less restlessness and impatience. Individual objects attracted interests and comment. The magazines were read and the writing tables were used. The "waiting room" had been converted into a place of normal activity, and the patients greeted the doctors in a less anxious and more relaxed frame of mind.—*Vassar Quarterly*.

DEVELOPING THE CONVALESCENT INSTITUTION

"American convalescent institutions have developed to a measurably new type of health instrument; with elaborate medical, social, educational and industrial workings that enable them to bridge the gaps from sick bed or half-health and failure, to normal health and achievement. They have become also unexpectedly valued testing places, in many borderline conditions—physical and neuropsychiatric."—*Frederic Brush, M.D.*

WHAT SALARY SHOULD THE LABORATORY TECHNICIAN BE PAID?

ALTHOUGH thirty-five 100-bed hospitals pay the laboratory technician an average annual salary of \$1,560, one of these institutions pays only \$600 a year, while another annually offers the technician \$7,200 for his laboratory work. Such a wide divergence of figures must be the result of or directly attributable to certain definite factors. Perhaps local conditions are dissimilar, methods differ, or technique is less involved.

Upon investigation it was found that the local cost of living cannot be advanced as a factor, as the two hospitals are located in the same city. However, they serve the public under greatly different conditions. The one offering the smaller salary is a tuberculosis, fresh air hospital where the work demanded of the technician is less involved and detailed than in the usual 100-bed institution. In the other—a general hospital—the need of accurate technical information is urgent and since the technician acts as pathologist, it is necessary to offer an abnormally large salary to secure an efficient laboratory worker.

Maintenance in the former institution amounts to \$900 during a year while in the latter the technician must deduct his room and board from his salary. Though this fact tends to bring the two totals nearer the average, the difference is great enough to merit study. Probably many other logical reasons may be cited, but the above example serves to illustrate the wide divergence in the salaries paid yearly by institutions of similar size and character.

Many such glimpses behind the scenes are made possible through informative data secured from answers to 500 questionnaires recently distributed by THE MODERN HOSPITAL. The information on which this article is based has been tabulated and grouped into several classes according to the size of the institution.

Average Annual Salary is \$1,558.55

The average annual salary paid a laboratory technician in 296 institutions of all kinds throughout the country is \$1,558.55 with an added average maintenance of \$427.42. This means that the technicians get \$4.27 in salary and \$1.17 in maintenance every day of the year. Maintenance, however, as offered by the hospital, would amount to much more if the individual were obliged to provide for his own needs. There are 119 hospitals which pay in excess of the average salary and 177 that pay less. This would indicate that there are more exceptionally high salaries than exceptionally low ones, the general run of salaries below the average being nearer to it than those that are above.

It is interesting to note that the average salary paid in the group of hospitals having less than 100 beds, \$1,599.28, is higher than that paid in those having 100 or more beds, \$1,546.63. This may be partly explained by the fact that many small hospitals have their laboratory technicians act in other capacities, because the laboratory work does not demand all of their time. Such duties would necessitate a larger salary. Also, most of the small hospitals are privately owned and, since they do little charity work, can afford to pay their technicians more than the larger hospitals run by contributed funds.

Some institutions do not pay a fixed amount but offer the technician a commission on the work handled in his

laboratory. This would naturally offer greater remuneration, even though the percentage allowed were small.

In eighteen hospitals having a range of capacity of from 15 to 49 beds, the annual salary average \$1,245.55 with maintenance of \$455.90. This is the smallest amount paid in any of the group divisions. Most likely this is because there are a number of exceptionally low salaries paid, the lowest being in a 36-bed hospital which gives \$120 a year. In the next class, that of 50 to 74 beds, twenty-two institutions pay \$1,737.81 to the technician with an additional amount of \$468 for maintenance. This abrupt increase is maintained in the 75 to 99 bed group, where an average annual salary of \$1,722.22 is received. In two instances, \$3,600 is paid the laboratory technician in this group but the remaining hospitals pay much lower salaries. Maintenance more than keeps pace with the increasing salary scale, as \$499.68 is allowed for room and board in this class.

No Steady Increase Apparent

In the subdivisions of hospitals of 100 or more beds the average yearly stipend takes a decided drop and keeps decreasing until the 300 to 399 bed class is reached. In 100 to 149 bed hospitals the technician receives \$1,561.20 in salary and \$434.35 in maintenance in 108 institutions. This occurs notwithstanding the fact that one hospital pays \$7,200 per annum and several others have two, three and four technicians, all receiving much higher than the average salary. Sixty-nine hospitals in this group pay less than the average.

The decrease continues in the 150 to 199 bed class, the average salary in fifty institutions dropping to \$1,500.50 and maintenance to \$413.50. Here is a range in salary from \$200 to \$4,800 and from no maintenance, in some cases, to \$1,000 in others.

The lowest point in the main group composed of larger hospitals is reached in the 200 to 299 bed division where the average is \$1,463.41. Maintenance is at the lowest level touched in any group, for, in forty-four hospitals, \$359.09 seems to be a sufficient allowance. From this level the average rapidly increases, \$1,668 in salary and \$450 in maintenance being paid by ten hospitals of from 300 to 399 beds. In this group most of the technicians receive nearly the average salary.

A decided increase occurs in the 400 to 499 bed group where \$2,100 is the maximum and \$1,200 the minimum salary. In this division the average salary is \$1,925 and maintenance \$566.66 which is the highest point in the entire scale. In the last group of 500 or more beds, the yearly amount paid in nine hospitals, \$1,561.33, is nearer the average for all institutions. Maintenance likewise decreases and \$415 is provided the technician for room and board.

Increases, as given by the various hospitals, are much more difficult to average and to determine how often they are given. Some institutions have a set plan whereby increases are allowed in fixed amounts at certain periods until a maximum salary is reached. The average increase in all hospitals, when increases have been granted, amounts to \$18.51 a month. The group of small hospitals offers an increase of \$16.85 a month while the larger institutions grant increases that average \$18.90 a month.

The most general increases in all hospitals were fifteen

or twenty-five dollars a month. Most increases were granted at the end of six or twelve-month periods, although many hospitals have failed to increase salaries for a number of years.

The following tables which are the basis for the above averages, are the detailed results of the questionnaires:

Detailed Information Regarding Salaries Paid Laboratory Technicians in Hospitals Having Less than 100 Beds

Range of Bed Capacity of 67 Hospitals—15 to 98 Beds

Less than 50 Beds

Eighteen Hospitals, or 26% Per Cent, of 67 Hospitals Under Consideration

Average salary of laboratory technician...	\$1,245.55
Average maintenance of laboratory technician	455.90
Maximum salary	2,800.00
Minimum salary	120.00
Maximum maintenance	840.00
Minimum maintenance	100.00
Salaries above average	8
Salaries below average	10
Maintenance above average	6
Maintenance below average	5

50 to 74 Beds

Twenty-two Hospital, or 32% Per Cent, of 67 Hospitals Under Consideration

Average salary of laboratory technician...	\$1,737.81
Average maintenance of laboratory technician	468.00
Maximum salary	3,600.00
Minimum salary	900.00
Maximum maintenance	900.00
Minimum maintenance	0.00
Salaries above average	9
Salaries below average	13
Maintenance above average	4
Maintenance below average	11

75 to 99 Beds

Twenty-seven Hospital, or 40% Per Cent, of 67 Hospitals Under Consideration

Average salary of laboratory technician...	\$1,722.22
Average maintenance of laboratory technician	499.68
Maximum salary	3,600.00
Minimum salary	780.00
Maximum maintenance	660.00
Minimum maintenance	0.00
Salaries above average	10
Salaries below average	17
Maintenance above average	9
Maintenance below average	10

Less than 100 Beds

All Sixty-seven Hospitals Under Consideration

Average salary of laboratory technician...	\$1,599.28
Average maintenance of laboratory technician	471.14
Maximum salary	3,600.00
Minimum salary	120.00
Maximum maintenance	840.00
Minimum maintenance	0.00
Salaries above average	24
Salaries below average	43
Maintenance above average	10
Maintenance below average	36

Detailed Information Regarding Salaries Paid Laboratory Technicians in Hospitals Having 100 or More Beds

Range of Bed Capacity of 229 Hospitals—100 to 2500 Beds

100 to 149 Beds

One Hundred and Eight Hospitals, or 47% Per Cent, of 229 Hospitals Under Consideration

Average salary of laboratory technician...	\$1,561.20
Average maintenance of laboratory technician	434.35
Maximum salary	7,200.00
Minimum salary	600.00
Maximum maintenance	750.00
Minimum maintenance	0.00
Salaries above average	39
Salaries below average	69
Maintenance above average	28
Maintenance below average	46

150 to 199 Beds

Fifty Hospitals, or 21% Per Cent, of 229 Hospitals Under Consideration

Average salary of laboratory technician...	\$1,500.50
Average maintenance of laboratory technician	413.50
Maximum salary	4,800.00
Minimum salary	200.00
Maximum maintenance	1,000.00
Minimum maintenance	0.00
Salaries above average	22
Salaries below average	28
Maintenance above average	11
Maintenance below average	21

200 to 299 Beds

Forty-four Hospitals, or 19% Per Cent, of 229 Hospitals Under Consideration

Average salary of laboratory technician...	\$1,463.41
Average maintenance of laboratory technician	359.09
Maximum salary	3,600.00
Minimum salary	600.00
Maximum maintenance	720.00
Minimum maintenance	0.00
Salaries above average	21
Salaries below average	23
Maintenance above average	13
Maintenance below average	8

300 to 399 Beds

Ten Hospitals, or 4% Per Cent, of 229 Hospitals Under Consideration

Average salary of laboratory technician...	\$1,668.00
Average maintenance of laboratory technician	450.00
Maximum salary	2,100.00
Minimum salary	840.00
Maximum maintenance	600.00
Minimum maintenance	0.00
Salaries above average	7
Salaries below average	3
Maintenance above average	2
Maintenance below average	2

400 to 499 Beds

Eight Hospitals, or 3% Per Cent of 229 Hospitals, Under Consideration

Average salary of laboratory technician...	\$1,925.00
Average maintenance of laboratory technician	566.66

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Maximum maintenance	900.00
Minimum maintenance	0.00
Salaries above average	9
Salaries below average	13
Maintenance above average	4
Maintenance below average	11

75 to 99 Beds

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Salaries below average	28
Maintenance above average	11
Maintenance below average	21

200 to 299 Beds

Forty-four Hospitals, or 19½ Per Cent, of 229 Hospitals Under Consideration

Average salary of laboratory technician...	\$1,463.41
Average maintenance of laboratory technician	359.09
Maximum salary	3,600.00
Minimum salary	600.00
Maximum maintenance	720.00
Minimum maintenance	0.00
Salaries above average	21
Salaries below average	23
Maintenance above average	13
Maintenance below average	8

300 to 399 Beds

Ten Hospitals, or 4½ Per Cent, of 229 Hospitals Under Consideration

Average salary of laboratory technician...	\$1,668.00
Average maintenance of laboratory technician	450.00
Maximum salary	2,100.00
Minimum salary	840.00
Maximum maintenance	600.00
Minimum maintenance	0.00
Salaries above average	7
Salaries below average	3
Maintenance above average	2
Maintenance below average	2

400 to 499 Beds

Eight Hospitals, or 3½ Per Cent of 229 Hospitals, Under Consideration

Average salary of laboratory technician...	\$1,925.00
Average maintenance of laboratory technician	566.66

Maximum salary	2,100.00
Minimum salary	1,200.00
Maximum maintenance	600.00
Minimum maintenance	0.00
Salaries above average	6
Salaries below average	2
Maintenance above average	2
Maintenance below average	1

500 or More Beds**Nine Hospitals, or 3 9/10 Per Cent of 229 Hospitals, Under Consideration**

Average salary of laboratory technician..	\$1,561.33
Average maintenance of laboratory technician	415.00
Maximum salary	2,740.00
Minimum salary	860.00
Maximum maintenance	800.00
Minimum maintenance	0.00
Salaries above average	4
Salaries below average	5
Maintenance above average	3
Maintenance below average	4

100 or More Beds**Two Hundred and Twenty-nine Hospitals Under Consideration**

Average salary of laboratory technician..	\$1,546.63
Average maintenance of laboratory technician	418.30
Maximum salary	7,200.00
Minimum salary	200.00
Maximum maintenance	1,000.00
Minimum maintenance	0.00
Salaries above average	95
Salaries below average	134
Maintenance above average	58
Maintenance below average	63

10 to 2500 Beds**Two Hundred and Ninety-six Hospitals Under Consideration**

Average salary of laboratory technician..	\$1,558.55
Average maintenance of laboratory technician	427.42
Maximum salary	7,200.00
Minimum salary	120.00
Maximum maintenance	1,000.00
Minimum maintenance	0.00
Salaries above average	119
Salaries below average	177
Maintenance above average	76
Maintenance below average	81

FILING HISTORIES BY UNIT SYSTEM

Under the unit system of filing histories which has been adopted at Johns Hopkins Hospital, Baltimore, Md., each patient when entering the out-patient department is given an out-patient number, which is used during the period of treatment in that department.

When a patient is admitted to the hospital, by this arrangement the out-patient history will go to the ward as the first part of the patient's permanent unit history. A unit history number will be given, which will be used for each subsequent admission of this patient to the hospital, or any return to the out-patient department for treatments. The out-patient department will be notified of the unit number given, and will substitute this on their card and empty folder for their out-patient number, facilitating the securing of the history when the patient

returns for treatment, for, once a patient enters the house, the out-patient history will be a part of the unit history and will be retained in the history room until the patient returns, either to the ward or the out-patient department.

In this way a complete history, sewn and bound in a heavy manila cover, will represent all the care given a patient, with all reports from whatsoever source—dispensary treatments, ward notes, laboratory and x-ray and social service reports, the only exceptions being treatment on pediatric and psychiatric services, in which cases, only an abstract of the history appears in the unit history.

By this arrangement, any doctor or surgeon treating a patient for the first time will have for his information a record of all that is known of the case, and can take care of it more intelligently than was possible with the often inadequate brief abstracts heretofore available on out-patient histories covering house admissions, and on the house histories covering the out-patient treatments.

There will, however, be no change in the appearance of service histories or of the paper used for the various services, the color for surgical service (including orthopedic, nose and throat and urology), being blue; medical, white; gynecological, buff and obstetrical, green; but the color for social service is now tan and for out-patient department, yellow.

In case of transfer from one service to another the service history up to the date of transfer will be at once completed, sewn and bound, and then will be sent down to the ward to be kept until the patient leaves. For instance, should a patient be admitted on medical service and transferred to surgery, the medical history will be completed, sewn and put in a folder and returned to the ward for the use of the surgical service; it will be re-transferred to the medical service, then the folder with the first medical history sewn therein, accompanied with the surgical history, will be returned to the history room. The surgical history will be sewn separately, put in the same folder with a separate gummed tape, and the folder containing both histories will then be returned to the ward for the use of the medical service as long as the patient remains in its care.

A bookkeeping typewriter installed in the history room and another in the out-patient department, makes it possible to type further notes on a history already bound, through a mechanical device which allows the bulk of paper to sink on a spring board sufficiently to make a flat typing surface for work. All subsequent observation notes are thus typed in the history in their proper chronological order.—*Trained Nurse and Hospital Review*.

CLOSING THE DOOR TO NON-MEDICAL PRACTITIONERS

"Since physiotherapy is truly a branch of medicine we should make every effort to control the efforts of non-medical people in this field. It is so easy to purchase a machine and accomplish results in the treatment of symptoms without regard to the pathology, that it is unfair to a method of therapy to favor its exploitation by those who are unable to realize the underlying pathology of the symptoms.

"Treating the human body is an art that implies a serious consideration of all forms of therapeutics, and though no modern doctor would choose to be a 'dog in the manger,' even though he does not care to devote particular attention to physiotherapy, he should not encourage the prescribing of these modalities by an individual of poor medical understanding."—*Norman E. Titus, M.D., in the P. T. Review*.



NEW JERSEY TOWN HAS ACTIVE COMMUNITY HOSPITAL

By Stearns & Woodnutt, Architects,
Philadelphia

ON THE highest plot of ground in Vineland, N. J., far enough away from the center of the town to escape the noise and confusion of traffic, but easily accessible from all points, is the Newcomb Hospital.

The lot, which covers two full city blocks, slopes away from the crest by a slight, easy grade in all directions thus affording good natural drainage. Surrounding the property is a double row of shade trees that make a beautiful setting for the hospital buildings.

In locating the buildings on the grounds, careful thought was given to future extensions to the main building; the location of a nurses' home, a building for the treatment of children, and a maternity building. The power house, which is at the rear of the main building, is so placed as to be in a central position when the entire group has been erected.

The main building which is of eighty-bed capacity, has a central section four stories in height, while at either end is a symmetrical wing of three stories.

Broad, easy steps lead up to the first floor which is entered through a vestibule opening into a central rotunda, or waiting room, which gives access to the information desk, the administration and other offices, the consultation rooms and the doctor's conference room and to the main corridor of the building.

Bronze Tablets in Vestibule

In a niche in the marble paneling of the vestibule there has been placed a bronze tablet showing a bust of the donor of the grounds and building, while on the opposite side is a similar tablet on which are inscribed the names of the trustees, the name of the architects and the name of the builder of the institution.

The first, or main floor contains the administration offices, board room, laboratory and general workrooms, with a surgical ward for men in one end, and one for medical cases at the other end of the building. In addition

there are a number of private rooms that were designed, not for private patients, but that patients might have privacy if they so desired.

The second floor is similar to the first except that it has a maternity ward and nursery, with surgical and medical wards for women.

The upper floor of the central building is entirely devoted to surgical and obstetrical work. In the north end of this floor are two operating rooms, each about seventeen by twenty feet, and each with its own anesthetizing room, while between the operating rooms is a large sterilizing room.

At the opposite end on this floor is the delivery room, recovery rooms, and an x-ray department, while in between are the emergency room, instrument room, dressing rooms and laboratory.

Culinary Department Carefully Planned

Knowing that cold food is one of the chief causes of complaint in hospitals, especial care was exercised in planning the culinary department. The kitchen, diet kitchen, storeroom and refrigerators occupy the major portion of one end of the south wing of the basement. The equipment of the kitchen is thoroughly modern. Here all food is prepared, except the special diets. When the food is ready to serve it is taken into the diet kitchen where all trays are arranged under the supervision of the chief dietitian. An electric food lift transports the trays to the serving pantries on each floor where the cold foods are added and the trays distributed to the patients.

A complete refrigerating and ice making machine has been installed whereby all refrigerators throughout the building are chilled, and sufficient ice for the use of the hospital is made.

The opposite end of the basement is devoted to the laundry which has ample equipment to care for the pres-

ent and future needs of the hospital. In connection with the laundry are rooms for storage of linen, mending and sorting of clothes, and the laundry chute.

An important adjunct to the laundry is a large and powerful disinfecter. Infected mattresses, bedding or clothing go directly to this room and are thoroughly disinfected before they enter the laundry, thus guarding laundry operatives and patients against danger from this source.

Storage for vegetables, canned goods, dried fruits and groceries is provided on this floor, in convenient relation to the kitchen.

Living quarters for all permanent help are provided on this floor, each person being furnished with a comfortable room of ample size, with large windows for light and ventilation.

The entire operating room floor has mechanical ventilation which provides an abundance of pure, tempered air.

An exhaust system of fans removes all vitiated air from this floor as well as from all toilets, bedpan sterilizing rooms and utility rooms.

Reflectors Light Operating Room

The operating rooms are lighted by means of electric lights placed above the ceiling line, over which are placed powerful reflectors to direct the light rays onto the field of operation. These lights are arranged in circuits so that almost any desired degree of light can be obtained.

The corridors are lighted by a system whereby the light can be modulated to suit the needs of the individual department.

General illumination of the rooms is from above, but each room has a special unit so arranged under the bed that while a pathway of light can be thrown on the floor from the bed to the entrance door, no rays of light will reach the patient, no matter where the bed is placed in the room.

The building is thoroughly fireproof, and effort has been made to take from it as much of the hospital atmosphere as possible. The floors, which are of concrete, are covered with a composition rubber flooring cemented to the concrete. Care was taken in the selection of the colors for the wall decorations and for the corridors. While a number of different colors were used, all were selected for an appearance of warmth and cheer, it being the desire to make every room as attractive and homelike as possible.

NEED OF QUALIFIED PHYSICIAN ANESTHETIST

"Every hospital should have on its staff a regularly qualified physician anesthetist, whose duty is to administer anesthetics to the bad surgical risks, free of charge if the financial circumstances of the patient so indicates, and to have general supervision of all the anesthetics, guiding and instructing the interns," states Isabella C. Herb, M.D., chief anesthetist, Presbyterian Hospital, Chicago. "This would do away with the present plan, which exists in many hospitals, of the outgoing intern instructing the incoming one, thereby perpetuating all the errors with no advancement for the good of either the intern or patient. Many of the larger hospitals now have a resident physician, surgeon and obstetrician, and to this staff could be added an anesthetist. This anesthetist, who is above the rank of the ordinary interns, could act as first assistant, or assume charge in the absence of the department chief.

WHAT THE HOSPITAL DOES FOR THE INTERN

In a recent address Dr. E. E. Irons, dean of Rush Medical College of the University of Illinois, Chicago, pointed out that one of the important purposes of an internship is to develop the character of the medical student through close daily contact with attending men of high ideals. He should see by daily observation how honesty, sincerity and sympathy are combined with knowledge and experience in dealing with the medical and surgical problems of each patient. In the hospital he sees more of the joy and of the tragedy of life than anywhere else in the world. He sees life at its best and at its worst, and while still in his formative years acquires that broad sympathy with humanity which physicians more than any others must have.

The purpose of a hospital internship is not to supply deficiencies of the medical curriculum or to complete a medical education. Nor is the function of an internship to make specialists, or, primarily, to afford opportunity for the formal investigation of a problem, although the atmosphere of research and of desire for knowledge and truth in the hospital will influence the intern daily in making and recording his observations, and may lead him to undertake further independent study during his later residence.

The intern is an important part of the great cooperative enterprise of the modern hospital. He will work faithfully and grow in professional stature if he is not overloaded, and if he is early led to enter into that spirit of friendly cooperation between attending staff, nurses, administration and patients that characterizes the well ordered progressive hospital, a spirit that may be described as a hospital consciousness.

A number of questions arise in the selection and organization of hospitals in which the student is to carry out the purpose of the internship, among which are methods of supervision of this internship and the kind of internship that is likely to be most satisfactory. Some medical schools have undertaken to supervise one year of the internship by requiring a fifth or hospital year as a prerequisite to the medical degree, and delegating the supervision of this year to a group of faculty members usually called the fifth year committee. This arrangement assures that all students will take internships in hospitals complying with certain minimum standards, and thus protects some of the less critical students from errors in selection of their hospitals. Fifth year committees have incidentally been of great assistance to hospitals, in pointing out, and in helping them to remedy their defects.

The administration of a fifth hospital year is, however, only one of the ways in which the student may be launched on his career on leaving the medical school, and there are those who prefer to have the supervision of the medical school cease at the end of the four years of study. There has been much discussion as to whether a rotational internship should be insisted on for all students, and some states have gone so far as to prescribe the character of the internship and the time to be devoted to medicine, surgery and obstetrics. According to Dr. Irons, the suitability of a hospital for the purpose of an internship depends on the ideals and character of its staff, on the ability and desire of its administration to provide the best care possible for the sick, and on the presence of a spirit of inquiry and progress, and not primarily on whether it has a rotational or a non-rotational system.



ONE UNIT A YEAR AS A METHOD OF DEVELOPING A SANATORIUM

By Daniel P. Higgins, of John Russell Pope, Architect,
New York

SEVERAL unusual features are embodied in the development of Sanatorium Gabriels, Gabriels, N. Y.

For the past twenty-nine years this tuberculosis sanatorium has been conducted by the Sisters of Mercy and steadily it has been expanded until it will be one of the leading sanatoriums of its kind in the country. The institution aims to construct one new building a year. This year it is being enlarged by an infirmary and two ward buildings, the latter being constructed by the Knights of Columbus.

From the beginning the buildings have been planned with especial regard to the needs of the tuberculous patient. For the past three years a comprehensive study has been made of the present and future development of the institution under the direction of John Russell Pope, architect, New York, with the advice of leading medical consultants.

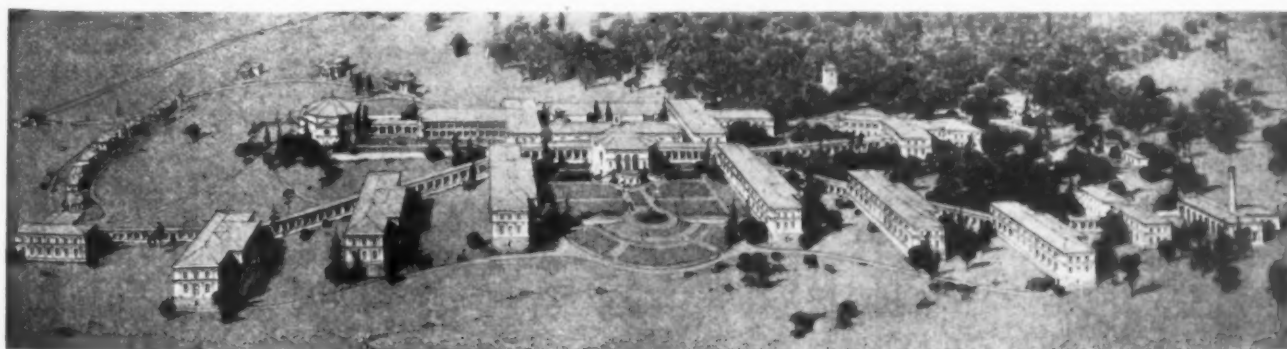
The sanatorium is situated on a plot of about a hundred acres twelve miles from Saranac Lake, N. Y. The severity of the winters in this climate has necessitated careful planning and arrangement of the buildings. Thus the sanatorium buildings border upon the east side of two small hills and radiate from the long axis of the main buildings, with closed passageways to all parts of the buildings.

In planning the two new buildings, to be completed soon, much consideration has been given to the esthetic effect of buildings throughout, as well as to the other para-

mount features, such as proper exposure to fresh air and sunshine, all modern facilities for the preparation of foods, and the arrangement of buildings to insure uninterrupted rest and quiet. The now generally recognized fact that pleasant, homelike surroundings have a definite influence in creating the right mental attitude so necessary to the progress of the tuberculous has constantly been kept in mind in the arrangement of the infirmary and wards.

Patients entering the institution are classified as early and advanced cases, respectively, the former comprising, to a large extent, ambulant and semi-ambulant patients, and the latter more developed, bedridden cases. The early case buildings are so arranged that each patient has a separate bedroom and dressing room with a central sitting room. Without coming in contact with advanced cases he or she may go to the dining room, library, lecture hall, industrial building, chapel or the outdoors and gardens.

The infirmary building for advanced cases is entirely separated from all other buildings and contains within it all the requirements for medical and surgical treatment. It is a two-story building arranged for twenty men on one floor and twenty women on the other, with a contagious disease annex for four patients. The building contains ample diet kitchens, utility rooms and toilets. The building connects with the main corridor at the first floor by means of a long, well lighted passageway.

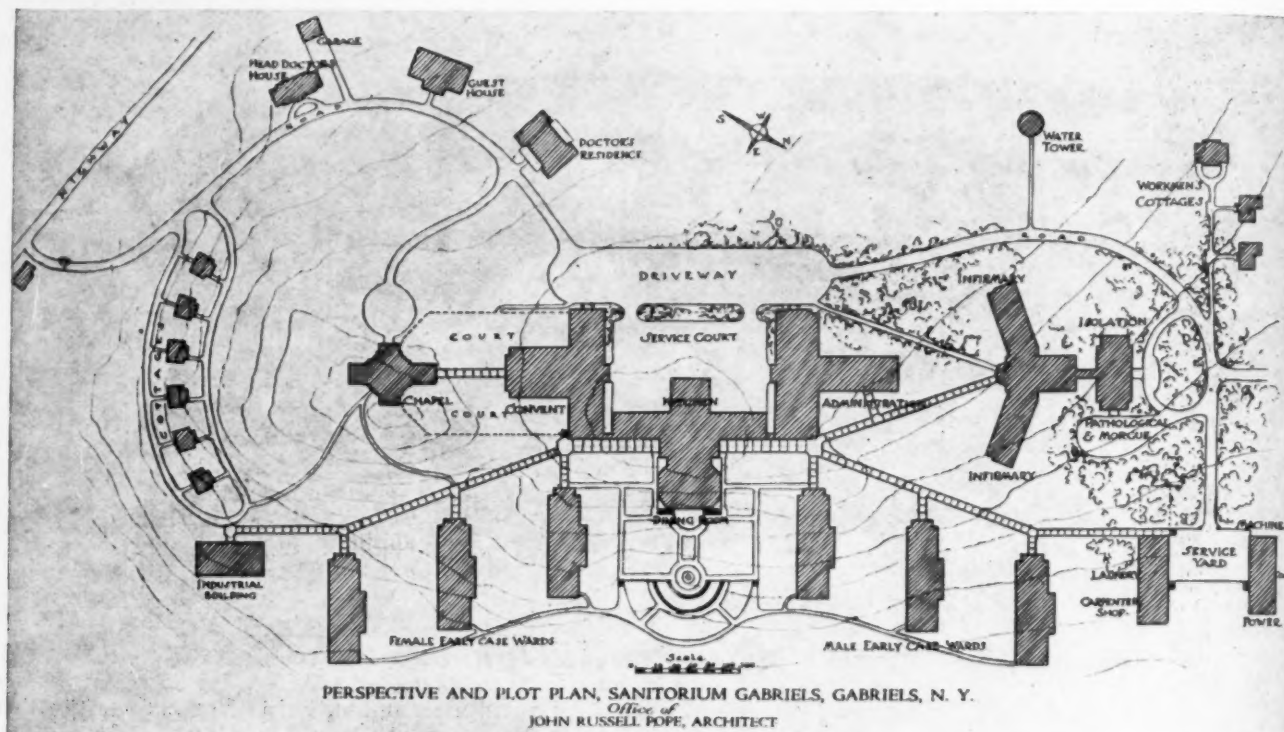


View of the layout of the entire sanatorium. At the top of the page is the new infirmary building.

The early case wards, six in number, two of which are in the course of construction this year, are two stories high with basement, each accommodating ten patients per floor if used as individual rooms and twenty-four patients, if used as general wards. Each patient is provided with a large closet for wearing apparel and other personal belongings. Each room is amply ventilated by means of the cross-ventilation system and has large transoms on

The convent building, where the sisters live, is located away from the patients and connects through a garden to the chapel. The chapel seats 188 persons, exclusive of the eighty-two sisters.

The dining room is reached by an easy ramp rising from the first floor level of the convent and administration buildings, respectively, the two latter being at the same level. The main dining room, which is well lighted



the corridor side, and large doors opening onto the ten-foot porch which extends the length of the building. The building contains a nurse's room together with a large living room for general assembly purposes on each floor.

The surgical department is located so that the early case patients have no direct contact with it. Very sick patients are also received at the emergency case ward in the lower floor of the isolation building. Here minor operations are performed after which the patient is assigned to the infirmary without coming in contact with early case patients.

The autopsy room and embalming department are located in the basement of the isolation building and are so arranged that a corpse may be removed from the building without being observed by any patient.

Direct Communication to Administration Offices

As there is direct communication from all buildings to the administration building it is easy for patients to go back and forth for daily treatments, for weighing, to the general store and drug department. The first floor contains, in addition to the doctors' examining rooms, the general offices, public and patients' reception rooms, and waiting rooms, safety deposit vault, room for the dentist, eye, ear, nose and throat treatment rooms and x-ray department. The second floor contains the library, a room for the medical journal files, rooms and porches for fourteen patients under observation, including nurses quarters, serving pantry, linen closets and toilets, room for printing files and advertising, the institution's publication known as "Forest Leaves" and the general operating room with its sterilizing room.

and ventilated on all sides, seats 200 persons and connects through large serving pantry directly with the kitchen. The kitchen, which is centrally located serves the main dining room, the doctors' dining room on the north end of the building and sisters' dining room on the south end. Opening directly off the kitchen are the various service rooms, vegetable room, bakery, butcher shop and pantries.

The second story to the north of the corridor is taken up with sleeping rooms for the help on the north end and for the sisters on the south end.

The auditorium and recreation room are located under the main dining room. There are provided a stage, a library and reading room, billiard tables and space for moving picture machine so that the patients may enjoy moving pictures as well as theatrical productions.

While the various buildings are separate in the general layout of the institution all are planned on the unit basis so that all motives repeat.

The comfort and enjoyment of the patients have been carefully considered in the interior decoration, in the color schemes of the walls and furnishings. The new building will be completed in October.

If the kitchen equipment is to be kept in the best condition it must be properly taken care of. Manufacturers say that most of the complaints that come to them regarding poor service and breakdowns are the result of a lack of common sense in lubricating the machinery. There should be a definite schedule for every piece of machinery and each piece should be oiled according to this schedule.

ORGANIZING AND DEVELOPING THE LABORATORY IN THE SMALL HOSPITAL*

By R. S. Austin, M.D., Cincinnati General Hospital,
Cincinnati

STANDARDIZATION of hospitals is a policy that has resulted in the formulation of rules and regulations to govern the conduct of institutions, but it should not be overlooked that the spirit prompting the recommendation or adoption of certain standards is the important element in the whole situation. This spirit in essence is a desire to render the best service to the patient, directly and evidently, as well as more indirectly, through an increase of the efficiency of the hospital administrative machinery and of the personnel of the institution. In this spirit the subject of the organization and development of hospital laboratories will be considered, with the needs of smaller hospitals more especially in mind.

The establishment and maintenance of a general pathological laboratory in a small hospital present problems similar to those that would have to be solved by a large hospital, but some of these problems are more intensified for the smaller institutions, notably the matters of laboratory space, laboratory personnel and the financing of the laboratory.

A list of the problems to be met must include: rooms, equipment, varieties of service, personnel and, last but not least from an administrative standpoint, financing. The solutions of these problems are interdependent, each has a relation to all of the others, while back of the whole question of establishment and maintenance of a pathological laboratory, lies the manifest fact that the hospital has to do the best it can with what it has. However, a hospital,—especially a small hospital—often does not know how much it can do with the means at its disposal nor does it always appreciate how little of a financial burden is a properly organized and operating laboratory. The principal difficulty may often be found in financing the establishment of the laboratory but even here, by intelligent use of available space and by taking advantage of the growing understanding and appreciation of the value to patients of laboratory work on the part of persons capable of giving financial help to the hospital, much can be done to minimize expense.

In taking up the different problems to be met in establishing and maintaining a laboratory it is natural to begin with the rooms because the decision in this matter will be governed by what is available. It is preferable to have rooms on the top floor with northern exposure, but it is

fully as important to have them near the operating room and easily accessible for the physicians attending the hospital. The contact between the members of the attending staff and the interns on the one side and the laboratory personnel on the other is invaluable to both.

The matter of lighting, both natural and artificial, should not be neglected. The number of rooms will depend on the amount and variety of work to be done. Two rooms are scarcely enough even for a very small hospital. Four

workrooms are about the minimum for a laboratory that attempts to render the variety of services that a modern hospital should demand. These rooms would be used respectively for: sterilization and bacteriologic and histologic technical work; Wassermann work and other serologic procedures; microscopic examinations; chemical work. The number of rooms might be reduced in the case of very small hospitals where from necessity some types of work must be sent out to larger laboratories.

To these four workrooms it is very desirable—almost necessary—to add a private office for the director of the laboratory. This room need not be very large, but sufficiently spacious to include space for a small library of reference books and current scientific jour-

nals. Some provision should be made for the housing of the animals whose use will be necessary at times. This suite of some five rooms may appear to an uninformed person as rather a generous estimate for the needs of a small hospital, but when the service rendered the patients and the physicians is considered it seems scarcely more than necessary. The rooms need not be so very large, frequently inexpensive partitioning of a large room or two will serve the purpose.

Original equipment of the laboratory involves the hospital in some expense, but much of this equipment is of a more or less lasting nature. However, by careful buying with expert advice, it has been found that a laboratory may be equipped with the necessary articles and materials for from \$1,000 to \$2,000, according to the amount and variety of the work to be done. It is certainly best, if possible, to leave the selection of the equipment to the director of the laboratory.

The variety of the services rendered by the laboratory will depend somewhat on the size and situation of the hospital, but there are certain procedures that cannot be omitted. It is generally recognized that routine urine and blood analyses should be made and also that the sputum

Small Hospital Problems

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Problems to be met must include rooms, equipment, varieties of service, personnel and, last but not least from an administrative standpoint, financing. The solutions of these problems are interdependent, each has a relation to all of the others, while back of the whole question of establishment and maintenance of a pathological laboratory, lies the manifest fact that the hospital has to do the best it can with what it has. However, a small hospital does not always realize how much it can do with the means at its disposal and how little of financial burden is a properly organized and operated laboratory.

*Abstract of paper read at American Protestant Hospital Association convention, Louisville, Ky., October 17, 1925.

or other material from tuberculosis suspects and, in general, discharges of all kinds from infected patients should have bacteriologic examination. Nose and throat cultures from all suspicious cases must be included in the bacteriologic work. Blood cultures in most cases with high fever should be part of the routine. All tissues removed at operations should be subjected to microscopic examination. A certain number of the simpler biochemical tests ought to be included in the laboratory routine as well as some of the simpler serologic procedures.

It is very desirable to have the Wassermann test part of the laboratory's regular services, but in the case of small hospitals it may be necessary, for a time at least, to have Wassermann tests performed by some outside laboratory. In addition to all of these duties the laboratory should be in a position satisfactorily to perform post-mortem examinations. To a certain degree the ratio of autopsies to deaths in a hospital gives an index of the efficiency of the institution.

Beside the list of the regular duties that has been presented, the laboratory should be able to perform an added variety of work in each of the main divisions, namely, bacteriology, chemistry, serology, pathology.

Accurate Records Essential

The importance of complete and accurate records of all work done in the laboratory cannot be too strongly emphasized.

The laboratory, regardless of excellent quarters and equipment, cannot be a success unless properly managed. This demands the services of a trained clinical pathologist as director of the laboratory. Preferably the position should be on a full-time basis, although a part-time director, properly trained, may meet the needs of a small hospital. It has sometimes been found successful for two or more small hospitals to share the services of a clinical pathologist thereby obtaining better service than any one of the hospitals alone would be able to command. Aside from his specific laboratory duties, the proper kind of clinical pathologist can be of great value to the hospital in helping to keep up its scientific spirit through informal contact with the members of the staff by means of the contributions he can give to the regular meetings and conferences of the staff.

The director should have capable technical assistants. These are indispensable, but cannot be made to take the place of a trained clinical pathologist.

The last of the major problems remains to be mentioned: financing the laboratory. Reference has been made to financing the establishment and equipment of the laboratory; its maintenance must now be considered. There are, in general, four methods of financing the operation of a hospital laboratory. The method best adapted to its own situation should be chosen by any given hospital. Each way has been a success in some cases and not a complete success in other cases. The methods are as follows: flat fee per patient; regular scale for the different kinds of procedures; per diem charge on each bed; endowment (free laboratory service).

Many laboratories successfully employ a combination of two of these methods, for example, charging a flat fee for routine urine and blood analyses and according to a scale for other work. With a successful plan, suited to the particular hospital's situation, in operation, it is perfectly possible to have a laboratory that not only will be no financial burden on the hospital, but will support its personnel, including a competent director and the required number of assistants.

INCREASE NOTED IN THE HOSPITALS MAINTAINED BY GOVERNMENT

The hospital services maintained by the national government have been considerably increased since 1909, largely because of conditions resulting from the World War.

Of all hospital beds, the proportion controlled by the national government has increased from 2.1 per cent in 1909 to 2.3 per cent in 1914, 3.1 per cent in 1918, 6.8 per cent in 1923 and 7.1 per cent in 1925.

There are now 299 hospitals maintained by the national government with a total capacity of 57,091 beds, of which an average of 42,377, or 74.2 per cent, are constantly occupied. These figures cover the hospitals maintained by the United States Army, Navy and Public Health Service, the Veterans' Bureau, and several hospitals for government beneficiaries located in the District of Columbia and elsewhere.

For many years the state governments have had a comparatively large part in the provision of hospital facilities, particularly in maintaining large hospitals for the insane, the tuberculous and sufferers from other chronic diseases. In 1909, the state governments maintained 45 per cent of all hospital beds, but by 1925 the percentage had been reduced to 40.

The capacity of the 351 hospitals maintained by state governments, however, has increased from 189,049 beds in 1909 to 317,264 beds in 1925, and of the latter, 305,466 beds, or 96.2 per cent, are ordinarily occupied.

States Create Teaching Hospitals

To an increasing extent the states are creating and maintaining general teaching hospitals for their state university medical schools. In sixteen states, eighteen such hospitals are now being maintained with a total of 4,582 beds and an average of 3,467 patients. Ten states also maintain twenty-three general hospitals which are not essentially for teaching, these having 4,496 beds, of which 3,865 on the average are regularly occupied.

Of these states, Mississippi maintains four regional charity hospitals, Louisiana has two such hospitals and Pennsylvania has ten, these being for the care of the sick and injured in the mining districts. Other states that maintain some form of general hospital service, including mainly hospitals for crippled children, are Illinois, Iowa, Minnesota, Nebraska, New York, North Carolina and Rhode Island.

Government Finances 62 Per Cent of Beds

Local and county governments now maintain 471 hospitals, with 53,027 beds. City governments maintain 371 hospitals with 59,630 beds, and city and counties combined maintain sixty-nine hospitals with 7,118 beds. Altogether, county and municipal governments combined support 911 hospitals having 119,775 beds, comprising 14.9 per cent of the entire bed capacity in the United States.

At the present time, therefore, 62 per cent of all hospital beds in this country are financed by government agencies—national, state, county and city. It is interesting to note that the number of beds in hospitals maintained by government agencies has held about the same ratio to the total beds in all hospitals in the country, at least since 1909, when the earliest reliable statistics were compiled regarding the bed capacity of all hospitals. This leaves 38 per cent of all hospital beds in the United States which are maintained by nongovernmental agencies.—*Journal of American Medical Association.*

NURSING AND THE HOSPITAL

Conducted by CAROLYN E. GRAY, M. A.,
Butler Hall, 402 West 119th Street
New York

TRIBUTES TO THE NURSE AND NURSING

By Mary S. Power, R. N., Student, Teachers College, Columbia University,
New York

"Push off and setting well in order smite
The sounding furrows; for my purpose holds
To sail beyond the sunset, and the paths
Of all the western stars, until I die—"

—Tennyson.

THERE are few, if any, groups of women who have been more honored individually and collectively by society than those who have identified themselves with the profession of nursing. Every country and every age that has felt its benefit and been quickened by its example, has paid to it the recognized tribute of its day.

It would indeed be impossible to put into so small a space, the many tributes that have been paid, but these few illustrations may serve to recall facts that the reader has partially forgotten and also to give new impetus to our present endeavoring; "To take up the task eternal, and the burden and the lesson."

The tributes that have been made to Florence Nightingale alone might fill a volume, and only a few will be mentioned in this paper in order that some of her followers may be honored.

"To Florence Nightingale chiefly, I owe the awakening to the fact that sanitation is the supreme goal of medicine, its foundation and its crown."

Dr. Elizabeth Blackwell

"She was heroic. Yet her heroism was not of the simple sort so dear to the readers of novels. . . . It was made of sterner stuff. . . . She brought order out of chaos in the Scutari Hospital, she clothed the British army and spread her dominions over the power of the official world by strict method, by stern discipline, by rigid attention to detail, by ceaseless labor, by fixed determination.

Lytton Strachey

"What all the skill and constructive capacity of the physician in the Crimean War failed to accomplish, Florence Nightingale accomplished by her beautiful femininity and nobility of soul."

Havelock Ellis

"Florence Nightingale, ever blessed be her name."

Dr. William Osler

"The name of Florence Nightingale must always be a name to conjure with."

Nicholas Murray Butler

"The founder of modern nursing was a woman of genius, a born leader."

Dr. S. Weir Mitchell

"It has been your fate to become a legend in your lifetime," remarked a scholar to Florence Nightingale.

Other women who have in equally noble manner performed service similar to that of Miss Nightingale have likewise received beautifully worded tributes.

Sister Maria Theresa, when being presented with the French Ribbon of the Legion of Honor, was addressed as follows:

"No soldier has ever performed his duty more heroically than you have done, or lived more successfully for his comrades and his country. I have the honor to present you in the name of France and the French Army with the cross that is conferred only on those who have shown remarkable bravery in action."

"Alice Fisher, nurse, saint and high-bred lady whom we of Philadelphia remember with reverence and love."

Dr. S. Weir Mitchell

"A clinical dialogue between Dr. Jackson and Miss Rebecca Taylor, sometime nurse at the Massachusetts General Hospital, a mistress in her calling, was as good questioning and answering as one would be likely to hear outside of the court room."

Dr. Oliver Wendell Holmes

And Dr. James Jackson, the honored professor emeritus of medicine of Harvard University, in a work of letters in 1861, writes a charming description of Miss Taylor:

"All who have known her will remember the great modesty of her deportment. She never obtruded herself on the notice of anyone and never claimed any distinction. . . . She must have had system and industry for I always found her work was done in proper season. Her fidelity, her tenderness, her patience, were proved by the uniform satisfaction shown by the sick under her care. . . . She was never in a hurry; rarely, if ever, agitated. . . . Everything about her showed calmness and composure of mind. . . . I never heard that anyone complained of her. She seldom found fault with others. . . . I have been describing one who was uniformly faithful, fulfilling all her duties in the most faultless manner."

"As long as Johns Hopkins Hospital endures, the name of Isabel Hampton Robb will be one of its most cherished possessions."

Dr. William H. Welch

"How many people appreciate the debt this hospital and the country owe to the influence of the first superintendent of our training school, Miss Hampton."

Dr. Lewellys F. Barker

"In the death of Isabel McIsaac, the nursing profession has lost a valuable member."

Dr. W. C. Gorgas

Of Pauline Dolliver: "Her life of service, of sacrifice, and high ideals of duty was an inspiration to many a nurse, patient and doctor of the Massachusetts General Hospital."

Dr. Frederick Washburn

And of Annabelle McCrae, a woman who has left an indelible impression for good on all of her students as teacher of nursing at the Massachusetts General Hospital, Boston, a former student writes: "All her life, and mind, and heart have been given to her teaching, without recognition, beyond, perhaps, her own school. And she wanted no recognition. All she wanted was that her raw youngsters should go out into the world to give of themselves and their young strength. And to give of themselves, efficiently and well. In that moment of understanding I saw her as she is—one of the world's great women. It is good to know that I am one of the thousands of women scattered over the world, from the Ozarks to China, to whom she has taught her ideal of service."

Helen Dore Boytston, R.N.

Mrs. August Belmont, speaking for the national headquarters of the American Red Cross, said of Miss Delano: "We felt her genius for leadership and the statesmanlike quality of her mind, and had the utmost faith in what she could and would do, but beyond admiration was deep and tender affection for Miss Delano. To her vision we are indebted for much of the fine character and the development of the Red Cross Department of Nursing, which under her direction was so splendid that any decoration bestowed upon Miss Delano must of necessity be also a recognition of the noble service performed by all her nurses."

Miss Nutting Is Honored

President Angell of Yale University in conferring an honorary degree on Adelaide Nutting, spoke of her as "one of the most useful women in the world."

And Dr. Goodsell of Teachers College in the January issue of *Teachers' College Record*, pays a splendid tribute to Miss Nutting, opening it with the title "Educator and Builder," and continuing:

"Probably the quality that has always been most arresting to those associated with Miss Nutting is her gift of perceiving what is and ought to be. Associated as it is with an eager, searching, critical mind, and remarkable qualities of leadership, it makes Miss Nutting one of the builders among men—those creative thinkers and doers, rare in any period, without whose far-flung vision social progress is blundering and belated."

She closes the tribute thus: "A few choice spirits live with every ounce of their being so long as they draw breath and these are the men and women forever challenged by the pathos, the need, the possibilities of humanity."

President Woolley of Mount Holyoke College, South Hadley, Mass., in conferring the degree of doctor of science on Annie Washburn Goodrich addressed her as follows: "Distinguished Educator and One of the Foremost Members of the Nursing Profession, we honor you today for arousing the public to higher educational standards for nursing, for stimulating their responsibility for the health of communities and for exerting an uplifting influence upon the members of your profession throughout the country."

Mount Holyoke has also found it fitting to honor Julia Stimson as doctor of science. In 1923 Yale University

conferred upon Miss Goodrich a master of arts degree, and Columbia University in recognizing the work of Anna Maxwell, bestowed a similar honor. President Faunce of Brown University, Providence, R. I., in giving the honorary degree of master of arts to Mary Sewell Gardner, spoke of her as "a pioneer in making the care of the sick an honored profession, a gentlewoman, whose writings and whose example have brought us healing of the body and inspiration of the spirit."

But this is not the only type of institution that has paid tribute to the nurse.

King Edward VII honored Florence Nightingale with the order of merit, she being the first woman so distinguished.

And on March 16, 1908, the honorary freedom of the City of London, was given Miss Nightingale.

In 1913, President Wilson, as president of the American Red Cross, presented Jane Delano with a gold medal in "recognition of her services in the organization of the present service." Later the memory of Miss Delano was honored by the presentation to her family of the distinguished service medal of the American Red Cross. The first American to be given a distinguished service cross was a Red Cross nurse.

The Council of the National Institute of Social Service awarded in 1918, its liberty service medal to Mary Adelaide Nutting. This honor is bestowed in recognition of "notable humanitarianism and patriotic service." It is pleasing to know that Miss Nutting was the first woman thus honored.

Clara D. Noyes was decorated in 1919 with the patriotic service medal of the American Social Science Association and Council of the National Institute of Social Service, "for service of high and inestimable value to her country and its wounded."

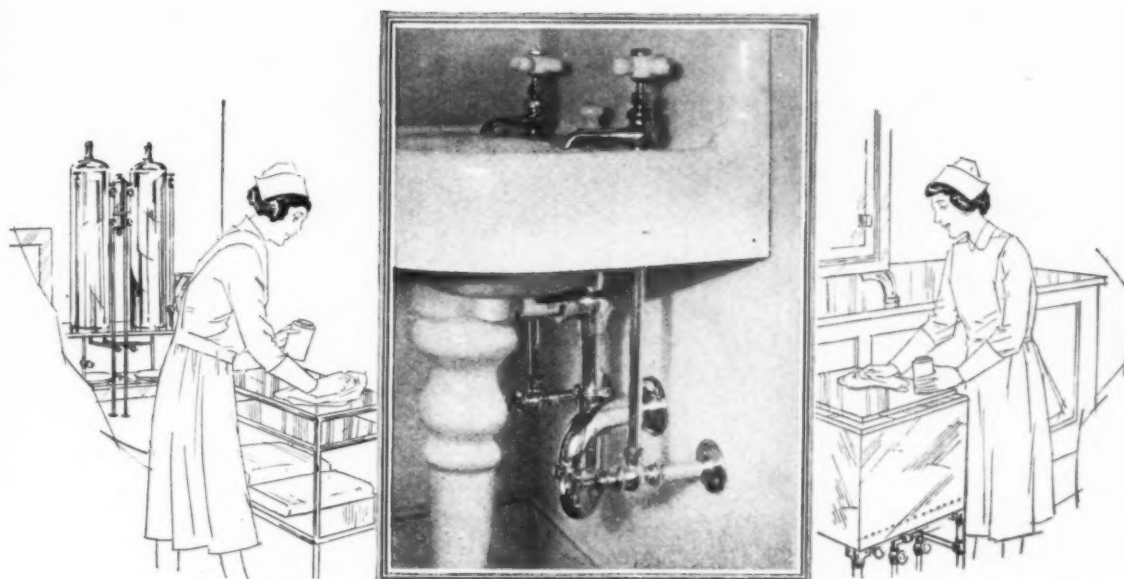
England has bestowed on Maud McCarthy, the rare and distinguished title of Dame. All of such honor, symbolizing the gratitude of a country under stress, was further exemplified by one of England's soldiers, who being terribly mutilated and visited by Queen Victoria, upon her asking what she could do for him replied: "Only thank the nurse." And the queen laying her hand on the nurse's shoulder said, "I thank you, my daughter, for your goodness to my son."

Until 1923 the monuments to women in England numbered only four, exclusive of royalty, and of these four, three were to nurses, one to Sister Dora in Walsell, a second in London to Florence Nightingale and another, also in London, to Edith Cavell, while in the quiet of the Lady's Chapel of Liverpool Cathedral, a section of a window is dedicated to "Agnes Jones and all devoted nurses."

Memorial Altar Cloth Presented

And one day, too, we hope that in our own St. John's Cathedral in New York a similar window will reflect the spirit of nursing. On May 17, 1925, Dr. John Finley, the associate editor of the New York Times, presented to this cathedral an altar cloth in the memory of those followers of Florence Nightingale who ministered in the Holy Land. This cloth is significant, in that it was made by the pilgrims of the Eastern Church of the Holy Land who were detained in Jerusalem by the war and were cared for by the American Red Cross on the Mount of Olives. It bears the inscription: "Jerusalem, the Holy Sepulchre. This is My body broken for you."

More lasting even is the way in which British Columbia has honored Edith Cavell by giving her name to one of its majestic mountain peaks, which rises 11,000 feet above the ancient firs and spreads its snowy sides in the form



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of sheltering arms over the country beneath. Canada will shortly unveil a stately sculptured panel portraying the history of nursing in that land, and serving as a memorial to its nurses who gave their lives in the world conflict.

France, after the war, erected at Rheims, a monument upon which are inscribed these words: "To the glory of French and Allied Nurses, Victims of Duty, 1914-1918. They will live forever in the memory of their proud and grateful countries."

There are few monuments, as such, to nurses in the United States but there is one in Galesburg, Ill., to Mary A. Bickerdyke. On it appears General Sherman's tribute to her: "She outranks me." A picture of this memorial has been placed on the registration cards of the nurses of Illinois, and so becomes a yearly reminder of her service.

May we now pass on to some living tributes created in the name of pioneers and enabling their spirit of service to be a continuous and far-reaching one. To carry on the work begun by Lydia Holman among the people in the mountain districts of the South, the Holman Association for the Promotion of Rural Nursing, Hygiene and Social Service was established. While the service of the Delano Red Cross Nurses does not commemorate Miss Delano but her parents, nevertheless it carries her nursing spirit, by her leaving at her death, to the American Red Cross, a fund of \$25,000, the interest of which was to send public health nurses into the isolated and destitute regions for the care and education of others.

Nursing Education in France Is Promoted

In recent years, the American Nurses Association, through funds amounting to \$50,000, has raised a school building in connection with the Florence Nightingale School at Bordeaux, France, "to perpetuate the memory of our nurses who gave their lives in the great war and to advance nursing education in France."

The State Nurses Association of Virginia lately set itself the task of endowing a chair of nursing in the University of Virginia in honor of Sadie Heath Cabaniss, a pioneer in the visiting nurse service of Richmond.

Such expressions as these go far towards progress in the nursing field. It was somewhat with this thought that the alumnae of Johns Hopkins and the department of nursing education at Teachers College recently gave to Miss Nutting a fund for her individual research and publication in the field of nursing.

To advance the education of the nurse and commemorate her predecessors, loan and scholarship funds have been created. The Isabel Hampton Robb Memorial Fund given by the American Nurses Association and others, grants \$250 yearly to each of four students for study, and a fellowship at Teachers College bears the same beloved name. The memory of Louise Darche, teacher and early adviser of Mrs. Robb, has been kept in association with that of her co-worker Diana Kimber, in a Darche-Kimber Scholarship Fund. This fund was raised by the students and alumnae of the City Hospital of New York to commemorate the difficult work which these two pioneers so splendidly performed there.

The American Nurses' Association honors Isabel McIsaac and helps the student through the McIsaac Loan Fund, and the Julia C. Stimson Scholarship Fund from Washington University of St. Louis seeks to promote graduate study. The alumnae of Bellevue Hospital, New York, have created a scholarship fund in the name of Carrie M. Brink, while the Rhode Island Hospital alumnae honor Inez Lord Clark in a liberal scholarship.

A stimulating and far-reaching memorial is that of the

Annie W. Goodrich Lectureship Fund at Teachers College. This fund created by the alumnae of the department of nursing education in honor of Miss Goodrich, enables the subject of nursing to be ably presented each year to university students and faculty.

A collection of rare and precious books on nursing and medicine has a nucleus in Teachers College Library, the gift of Miss Nutting and others. This is known as the Adelaide Nutting Historical Nursing Collection.

Memorial Services Honor Nurses

Interesting and significant also are the buildings and ceremonies that commemorate the nurse, as Nightingale Hall and McLaughlin Hall, Harper Hospital, Detroit, both nurses' residences, and the Robb Room at the Nursing Center in Cleveland. Beautiful ceremonies were performed on May 12, 1920, in all parts of the world to celebrate the centennial of Florence Nightingale, one being held in Westminster Abbey. And yearly, now, under the auspices of the St. Barnabas Guild, a Florence Nightingale service is held on May 12, while the grave of one of her students, Alice Fisher, in a quiet spot in Philadelphia is seasonally remembered by the students of the school which she established. In October, 1915, St. Paul's Cathedral, London, in the presence of the king and queen, held a memorial service for Edith Cavell; whose supreme sacrifice "made her the world's."

Some schools, to enrich the eye and gladden the spirit, have had portraits made of their leaders. In this way, beautiful Isabel Hampton Robb looks down from the walls of Johns Hopkins School of Nursing. A portrait of Anna Maxwell will occupy a position in the hospital hall of the new medical center in New York. The nursing school of Johns Hopkins has honored Miss Nutting in the same manner and the Army School has in this sense kept Miss Goodrich with them.

For those of us who love books, what a happy discovery it is to find nursing in many a dedication.

While we have heretofore spoken of a few individuals who perhaps are a composite picture of nursing, we would not overlook the great ranks which they so nobly represent. Sir Auckland Geddes said at the Nightingale Centennial:

"Without expert nursing half—no, three-quarters of the practical value of the scientific knowledge of the medical profession would be lost.

"Simultaneously with modern nursing came wonderful improvements in surgery and in medicine. It is impossible to say to which suffering humanity owes most, but if I were asked to mention the names of three human beings who, in the course of the last century did most for the sick and hurt, who most improved their chances of recovery to health and strength, I think I would say, Pasteur, Lister and Florence Nightingale, and in each case, I would think of the movements they founded, of the advances they inspired, rather than the work each did as an individual, though that is wonderful enough. Of these three, perhaps the least real honor has been done the field of nursing, though in a sense, Florence Nightingale's work was most fruitful."

From a proposed monument for Scutari are these lines:

Write that when pride of human skill
Fell prostrate with the weight of care
And men pray'd out for some strong will
Some reason mid the wild despair;
The loving heart of Woman rose
To guide the hand and clear the eye,
Gave hope amid the sternest woes
And saved what man had left to die."

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By JAMES T. BRUNOT, *Director, Frank S. Betz Company, Hammond, Indiana*



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DIETETICS AND INSTITUTIONAL FOOD SERVICE

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and MARY A. FOLEY, Director of Dietetics, Kahler Hospital, Rochester, Minn.

OUTLINE OF COURSE IN FOOD AND DIETETICS FOR STUDENT NURSES

THE section on education of the American Dietetic Association recommends the report published in *Home Economics* for February, 1922 (Volume fourteen, Number two) by Katharine Fisher, with the following development in the course in dietetics.

Time Required for Course

A minimum of twenty hours is required for informal lecture and conference or thirty hours if infant feeding is included. It is thought advisable that this course should be given as soon as possible after the preliminary training and if arrangements can be made to have the students receive this instruction during the time they are taking their training in medical nursing, they will be able to use their knowledge to the best advantage.

The diet kitchen should serve as a laboratory, service there being parallel with the course or following it as closely as possible. Four weeks is considered a minimum and six weeks is strongly urged from the pedagogic standpoint.

The dietitian should be a graduate of a recognized school and an experienced therapeutic dietitian fully qualified to meet the requirements of special hospital dietary work. The medical phases of the subject may be given by a physician who is a specialist in this field.

The objectives of the course are as follows:

1. To apply the principles of cookery and of nutrition to the dietetic treatment of disease and to pre- and post-operative conditions.
2. To teach the students how to fill doctors' dietary prescriptions and to make attractive menus and palatable meals from these.
3. To teach the students how patients may be led to understand the purpose of their dietetic treatment in order that they may cooperate more fully with the physician and nurse.
4. To study the charting of diets on history sheets.

Methods of Teaching

Class meetings should combine informal lectures and conferences in which the principles involved in dietetic treatment of the condition under discussion should be brought out and applied to individual patients with whom the student nurses are working on the wards. The students should bring to conference reports of observations made in the course of their regular ward work as to dietetic treatment, the laboratory and clinical findings on which it is based and the results. This should be supple-

mented by frequent conferences between the dietitian and student nurses on the wards. Each member of the class should make a special study of several conditions, such as anemia, ulcer, and post-operative cases and before the end of the course should submit a written report which, with daily class work and the examination, may count for a part of the credit for the course.

Content of Course

1. Principles involved: (a) in normal general diet of the nurse, of children, and of adult patients; (b) in dietotherapy.

2. A study of type modifications of the general diet as they are used in treating various diseases and post-operative conditions, using each as a basis for planning attractive menus, and preparing palatable meals for patients. There are four types in which the chief purpose is the modifications of the general diet:

- (a) in consistency—liquid, semi-liquid, soft.
- (b) in energy value—so-called high caloric and low caloric diets.
- (c) in the ratio of constituents.
- (d) in the amount of one or more constituents.

Each of these should be studied as to:

- (a) the general character of the diet.
- (b) the foods included or excluded.
- (c) the condition for which it is indicated.

Diets should be planned and criticized, and observations made of actual service in the ward in which the nurse is stationed.

3. Operative cases and type diseases should then be considered and the type diets adapted to the condition, observations being again made of actual cases and reports made and discussed.

4. Practice in filling dietary prescriptions, computing caloric values of special diets, when necessary, and charting.

5. Emphasis should be placed throughout on the possibility and advisability of planning the general diet and a small number of type corrective diets so carefully that they supply all body needs and can thus be used with slight modifications for many conditions.

6. Infant feeding—modified milk and doctors' formulas, technique of milk room, such as care of feeding-bottles, use of Babcock tester.

The diet kitchen should serve as a laboratory for the course. Service there may parallel or (better) should closely follow the course. If the conditions in the hos-

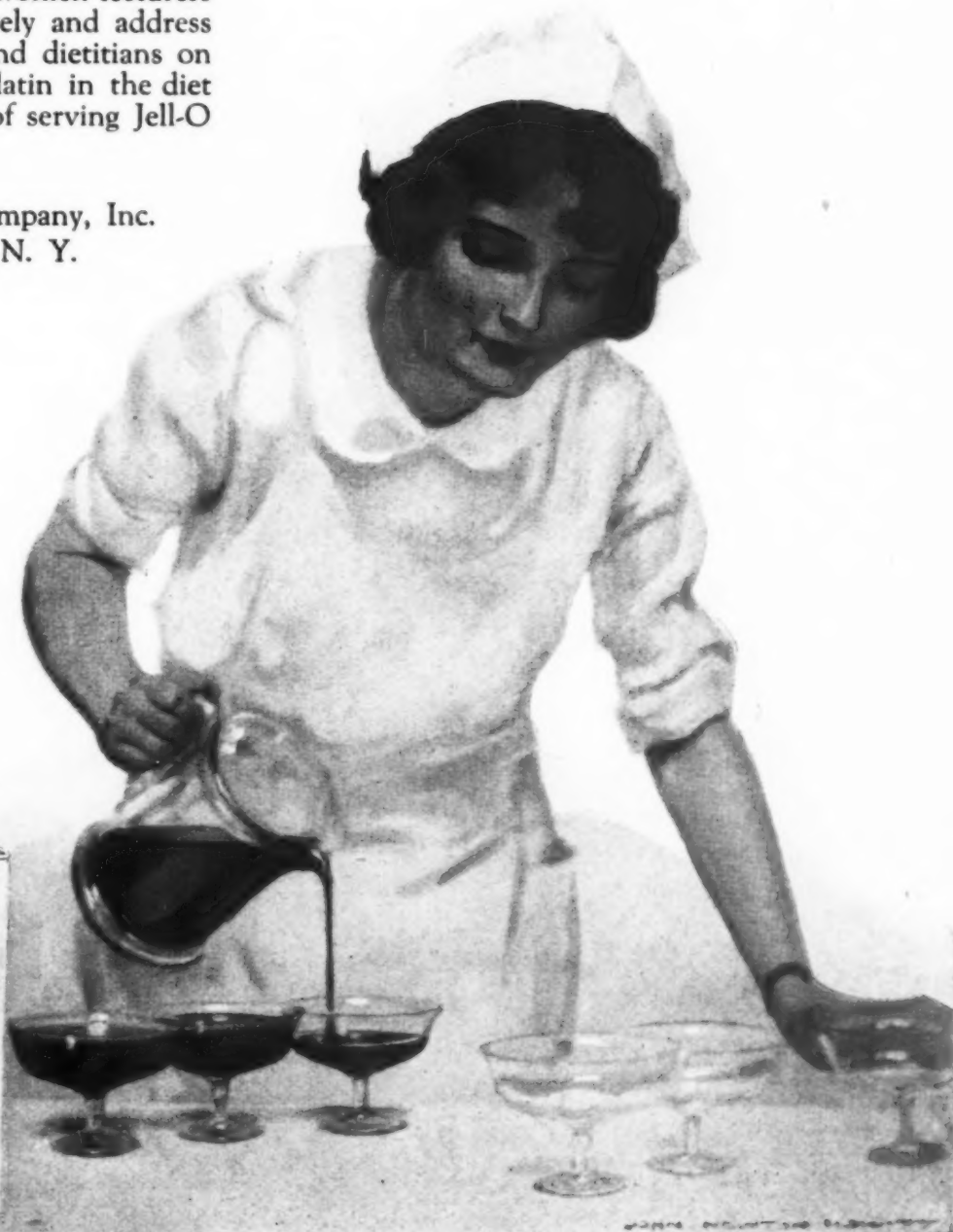
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pita. allow nurses for six weeks, one week should be spent on private patients and anorexia cases, one on liquid and soft diets, two on diabetic, one on other metabolic diets and the other (the third) on other available corrective diets.

In all cases the nurse should do at least part of the planning of the diets and should keep in close touch with the patients for whom she prepares and serves the diet. The primary purpose of the kitchen must be always the therapeutic treatment of the patient, but its secondary purpose, the teaching of the student nurse, should be very evident in all its activities.

Course for Student Dietitians

The section on education has also continued its study of the advisable course for student dietitians and recommends:

1. A four-year course in a recognized college or university as preliminary training, with a major in food and nutrition and a broad academic margin including general, quantitative, organic and physiological chemistry, physiology, bacteriology, economics, psychology.

2. Hospital training of six months as a minimum, for the actual practical training, increased proportionately if there is much class or experimental work.

A. Administrative training.

1. Buying of food and equipment and their care.
2. Planning menus and preparing of food for house diets.
3. Systems of food distribution and the supervision of it in the hospital in question.
4. Supervision of employees and keeping of time records.
5. Cost accounting and cost distribution.
6. Studies of various phases of the work.

B. Therapeutic training.

1. Interpreting charts, histories and laboratory findings.
2. Planning corrective diets and diet systems.
3. Preparing and serving of corrective diets and supervision of student nurses and of employees.
4. Following up cases by conferences with patients, nurses and doctors.
5. Teaching of nurses—planning courses, methods.
6. Studies of specific problems.

Special problems of food and nutrition in public health work and in institutional administration should be considered as graduate study. The social service dietitian is best qualified to give instruction in the former, and the administrative dietitian in the latter. Nurses who wish to specialize in metabolic work should also plan to take post-graduate training.

MAKING CANDY FOR THE DIABETIC*

By Israel S. Kleiner and Estelle Barker

Although there are a number of candies for diabetics on the market, and at least one published recipe,¹ it is our understanding that they are not wholly satisfactory, and for that reason we undertook to experiment along lines which apparently had not been studied.

After careful consideration we decided that a candy similar to fudge offered the best possibilities for success. As a filler we have used the commercial low calory flour known as "nutrivoil flour," the chief components of which are mannans and other indigestible or unavailable carbo-

hydrates. The "binder" is agar-agar, the well-known galactan, which is also considered almost entirely non-nutritive. Cocoa has been used as a flavoring substance, despite its high carbohydrate, protein, and fat content. This is the only ingredient containing an appreciable percentage of available carbohydrate, and this in only a very small amount. Paraffin and mineral oil add the required amount of fat to the texture. Varying amounts of butter may be substituted, if desired, in order to improve the flavor or to increase the food value. Salt, sugar-free vanilla² and a trace of saccharine are used to improve the flavor. Lastly glycerine (glycerol) is employed partly for sweetening, partly for smoothness, and partly for its moistening effect.

The use of glycerol may raise a question in some minds. It seems, however, to be well handled by most diabetics if not given in too large an amount. Thomas³ found glycerol a useful substance for increasing the antiketogenic content of the diet in cases having a low carbohydrate tolerance.

The ingredients necessary to make about 60 grams (2 ounces) of candy are given below. The basic recipe is "A." Substitutions, providing increasing amounts of fats, etc., are shown in "H," "C," and "D." Naturally the flavor and consistency are improved as the food value is increased.

	CHO	Prot.	Fat	Cal.
A. Basis.				
1 gram agar-agar	0.0	0.0	0.0	0.0
10 grams glycerol (glycerine)...	0.0	0.0	0.0	43.0
50 cc. water	0.0	0.0	0.0	0.0
10 grams nutrivoil flour	0.0	0.4	0.1	2.5
5 grams cocoa	1.9	1.1	1.4	25.3
5 grams paraffin	0.0	0.0	0.0	0.0
5 grams mineral oil	0.0	0.0	0.0	0.0
Pinch of salt	0.0	0.0	0.0	0.0
¼ teaspoonful vanilla (sugar-free)	0.0	0.0	0.0	0.0
½ grain saccharin	0.0	0.0	0.0	0.0
	1.9	1.5	1.5	70.8
B. Substituting 5 grams butter for 5 grams mineral oil	1.9	1.6	5.7	110.5
C. Substituting 10 grams butter for paraffin and mineral oil	1.9	1.7	10.0	150.8
D. Adding 3 grams of chopped walnuts to C	1.9	1.7	10.0	150.8
	+0.4	+0.6	+1.9	+21.6
	2.3	2.3	11.9	172.4

The agar, glycerine, and water are first boiled together until the agar is completely in solution, or nearly so. Then the cocoa, paraffin and oil (or butter), and the salt are added, and the mixture is boiled, taking care to stir constantly, until a drop will harden when placed in cold water. The saccharin, dissolved in a minimum of water, and the vanilla are stirred in when the mixture has partly cooled.

The mixture should be poured upon a greased plate and, after it has hardened a little, it may be cut into squares. Sixty grams makes about three pieces of fudge of generous size. For purposes of diet calculation, therefore:

	CHO	Prot.	Fat	Cal.
Each piece (20 g.) of A will contain	0.63g.	0.50g.	0.50g.	23.6
Each piece (20 g.) of B will contain	0.63	0.53	1.90	36.8
Each piece (20 g.) of C will contain	0.63	0.57	3.33	50.3
Each piece (20 g.) of D will contain	0.77	0.77	3.97	57.5

It is also evident that each piece will contain about 3.3 grams of glycerol, that is, about 14.3 of the calories noted in each case.

*From the Sections of Chemistry and Dietetics of the New York Homeopathic Medical College and Flower Hospital, New York, N. Y. Joalin: Treatment of Diabetes Mellitus. 1923. p. 744.

²One-half of one per cent (0.5%) vanillin in 50% pure grain alcohol is a very satisfactory "diabetic vanilla."

³Thomas: Johns Hopkins Hospital Bulletin, xxxv, 201, 1924.



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SOUTHERN CALIFORNIA DIETITIANS MEET

The fifth meeting of the southern section of the California State Dietetics Association was held in the Anita Baldwin Clinic, Los Angeles, March 1, at 8:30 o'clock. Dr. E. Moore, pathologist, who was to talk on some of his recent laboratory results, was unable to be present, so the meeting proceeded with the discussion of the relation of the dietitian to:

(1) The medical profession, as given by Mrs. Cooke of the Chase Diet Sanitarium.

(2) The nursing profession, by Miss Hart of the Good Samaritan Hospital.

(3) The patient, by Mr. Moore of the Glendale Sanitarium and Hospital, Glendale.

(4) The hospital, by Miss Anderson of the Methodist Hospital of Southern California, Los Angeles.

Mrs. Cooke, in her paper, gave some "pointers" for dietitians, based on her own experience in working with the medical profession:

(1) Read extensively on new diet work and keep up-to-date.

(2) Be ready to help but slow to suggest new changes because of the great responsibility attached to diet work.

(3) Be eager to learn from the doctor, but not to try to teach him.

(4) Be able to prescribe diets but don't take too much of this work upon yourself.

She also said that the future of the dietitian as a consultant will be established when she has acquired more education and broader training.

Relation to Nursing Profession

Then followed an informal discussion of each of the papers, the members asking questions and exchanging ideas. Miss Hart, speaking of the relation of the dietitian to the nursing profession, reviewed the article on that subject in *THE MODERN HOSPITAL* for February, 1926, which stressed the dependence of one profession on the other and the need of cooperation. Nurses should realize the importance of detail regarding diet orders, and there we, who have training schools, have an opportunity to teach the nurses what they should know. Some of the members who had had experience in this line, said that older nurses resent a dietitian's interference, but that the younger ones who have known the dietitian during training expect to cooperate with her department.

Mr. Moore, speaking for the patient, said that the Glendale Sanitarium believed in feeding the patient to educate as well as nourish him, and submitted some of their menus with "correct eating" suggestions on them. This teaching of the patient increases the value of the dietitian, helps the patient and the doctor and helps to keep the patient from having a recurrence of the trouble. A cook-book or set of simple typed recipes is also helpful in teaching them how to prepare correct foods after they go home.

Miss Anderson, on behalf of the hospital, said that the dietitian owed a service to the employees, the nurses, the patients and to herself, and that her work consists in the selection, preparation and service of food to all under the roof. She stressed that to keep an ideal in regard to food service is an important factor.

Cooperation with the different groups in the hospital is essential; constructive criticism is the stepping stone to progress in food administration work as well as in any other. The contact with the professional group and a chance for initiative are possible if dietitians have an ideal.

PLANNING FOR THE DIABETIC

The following is one of a series of nine basal diets for the diabetic that have been worked out in the diabetic department of the Beth Moses Hospital, Brooklyn. The diets are based on the number of calories required by the patient according to the weight of the individual. The diet given here is for a person weighing 140 pounds (64 kilograms), who would require 1,920 calories, or carbohydrates, 68 grams; protein, 42 grams; fat, 157 grams:

Diet No. VII

Breakfast—

Fruit, 10 per cent (see below).....	1 portion
Egg	1
Bread	1 slice
Butter	1 ounce
Cream, 20 per cent	8 tablespoons
Coffee	

Dinner—

Meat (lean) or Chicken.....	2 ounces
Broth	
Vegetables (see below)	1 portion
Bread	1 slice
Fruit, 15 per cent (see below)	1 portion
Tea	

Supper—

Egg	1
Bread	1 slice
Vegetables (see below)	1 portion
Mayonnaise	5 teaspoons
Butter	1½ ounces
Cream, 20 per cent	8 tablespoons
Coffee	
Cheese	1 inch

Directions

Keep this diet sheet clean and always bring it with you when you come to the clinic.

Eat nothing that is not included in this diet.

Eat the foods mentioned in this diet only in the amounts prescribed.

If you don't quite understand directions ask to be explained again.

The following may be taken without restriction: Water, clear broth, coffee, tea, vinegar, salt, pepper.

A liberal amount of cream is allowed in some of the meals. If desired, some of this cream may be taken with coffee between meals.

Part of the vegetable allowance may also be taken between meals if preferred.

For the vegetable and fruit portions referred to in this diet the reader is referred to the article on "Conducting a Diabetic Food Demonstration" by Sarah Elkin, in the March issue of *THE MODERN HOSPITAL*, page 292.

THE FOOD VALUE OF THE BANANA

Time once was when the banana was a curiosity and a luxury. It has now become one of the most important carbohydrate foods, a cheap, easily digested fruit which reaches the consumer in a germproof package. It has an important place in the hospital dietary. The "Food Value of the Banana," compiled by Skinner, Sherman and Esselen, consulting chemists, is being distributed by the United Fruit Company. While, of course, this booklet is intended primarily to assist in the further popularization of the banana, it is, nevertheless, an accurate and valuable discussion of the subject and should be in the hands of every hospital dietitian.

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are built of the finest veneers applied over non-resinous, laminated cores, between which asbestos sheathing is mechanically bonded. Though fireproof construction Pyrono presents a beautiful wood exterior. It can be fitted tightly because, in extremes of heat and cold, it will not expand, contract, warp, buckle nor bind in its frame. Built to order only, in any design, style or size, according to architect's specifications.



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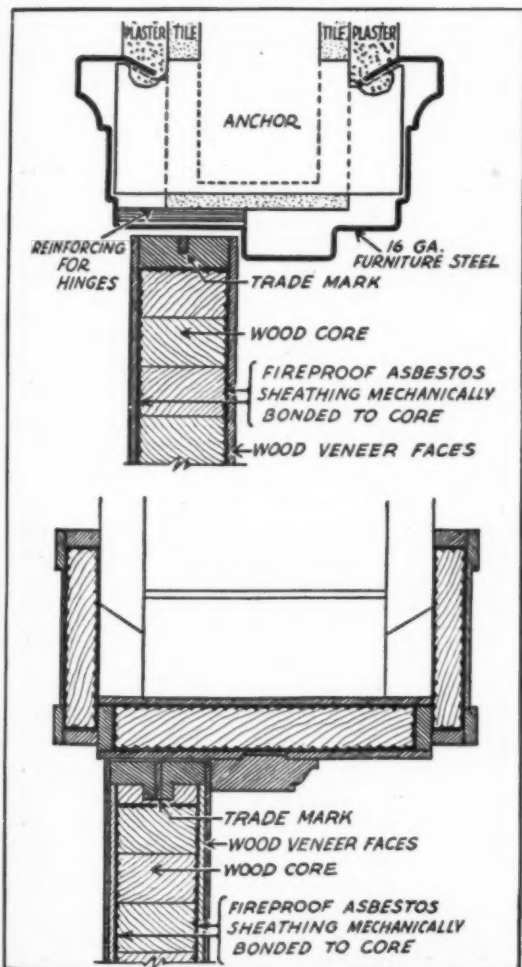
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OUT-PATIENT SERVICE

Conducted by MICHAEL M. DAVIS, Ph.D., Executive Secretary, Committee on Dispensary Development, United Hospital Fund of New York, 15 W. 43rd Street, New York
and by ALEC N. THOMSON, M.D., Medical Secretary, Committee on Dispensary Development, United Hospital Fund of New York, 15 W. 43rd Street, New York

MEETING THE BABY WELFARE NEEDS OF THE COMMUNITY

By Ralph Waldo Lobenstine, M.D.,
New York

ALL prenatal clinics cannot by the nature of things be directly associated with an indoor maternity hospital or even with an out-patient delivery service. Such a condition may seem unfortunate and undoubtedly is, yet when facing facts as they exist today, we are bound to acknowledge that, aside from especially favored communities, there are far too few maternity services. In fact, as we have often noted before, great sections of this country are so devoid of any sort of clinical facility that, so far at least as prenatal clinics are concerned, many of these must be run quite independently and oftentimes with but little direct medical supervision. We should not forget that there are many, many counties in this country in which no physicians are available excepting under conditions of great stress.

Purpose of Clinic

The essential purposes of a prenatal clinic are the reduction of maternal and infant mortality and morbidity. It should always be borne in mind that it is not enough to save the lives of mothers and babies, but that it is, perhaps, equally important both to keep the mothers from invalidism and to try to obtain healthy children with as good heredity as possible in the absence of eugenic marriages. Keeping these objects before us, we may accomplish much by the following plan:

Where practical the patient should have a thorough medical examination early in pregnancy. Thereafter she should be seen once in three weeks for the first five or six months, then every two weeks, and finally once a week or once in ten days during the last month.

It is obvious that it is only under ideal conditions that the physician himself can see all patients so frequently, but with a thoroughly trained prenatal maternity nurse he can, in the writer's opinion, have perfect confidence that the patient will be reasonably safe. At the first visit, a complete medical and obstetrical examination is made and the advice given by the physician will depend entirely upon these early findings. In case of any medical condition which might be aggravated by the pregnancy, it is essential for the physician to have an internist's opinion. The early pelvic examination may disclose a pelvic tumor that will require operation, or pelvic measurements may be so abnormal as to indicate almost

assuredly that a cesarean section will be necessary. On the other hand in all instances of moderate diversion from the normal, it is important to realize the value and virtue of conservatism.

The urine should be examined at each visit. The essentials of examination are the simple tests and particularly the determining of the presence or absence of albumen. The carefully trained prenatal nurse can be relied upon to carry out routine examination satisfactorily and in case of any suspicion of abnormality she will report to the physician if there is one at hand. The more complicated urinary analyses are unnecessary excepting in distinctly pathological cases. At each visit the blood pressure should be taken and recorded. If scrupulous care is employed in determining the presence or absence of albumen, or the lessening of output of urine in twenty-four hours, together with any deviation in the blood pressure, that is to say, rapid or steady rise in blood pressure, the patient can in most instances be kept out of the zone of real danger.

The general plan then for such a clinic consists of the following details: (1) The proper personnel; (2) clinic routine; (3) equipment; (4) teaching.

Personnel

On starting a prenatal clinic one should first ascertain the need thereof, and depending upon such need determine the frequency in which definite clinics shall be held. The frequency will vary according to the community, but patients should, if possible, have daily access to the clinic for consultations with the nurse or nurses. A physician should be in charge of the clinic and in case of large attendance, he should have adequate help. There should be one or more nurses present to manage the clinic, and, if possible, at least one social service worker.

Remembering that the physician is usually hurried and harrassed by multiplicity of duties and engagements, the whole work should be so systematized that his time will count for most and that the clinic itself will not soon appear to him in the light of drudgery. The nurse, in a sense, is the person who collects the patients, who follows them up in the home either in person or by letter, who sees that each individual patient comes under observation without fail at very definite intervals; who, during the



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pregnancy bestows, under a physician's guidance, much useful information upon the patient, and, finally, after the labor is over and convalescence more or less established, who either alone or with a social service worker follows both mother and baby until health is restored, or until private physician or children's and gynecic clinics have taken the responsibility of the immediate future and welfare of both patients. In the ideal clinic the physician, the nurse, the social worker are present and all work together, but in many instances neither physician nor social worker can be obtained, and the nurse will be obliged

to hold "nurses' prenatal clinics" and do her best in overcoming the handicaps with which she is faced.

The ideal clinic, therefore, should be, if possible, directly connected with a maternity service, as stated at the beginning of this brief monograph. The advantages of this plan are: (1) The ease with which a sick patient in pregnancy or an abnormal case at delivery can be transferred to the hospital; (2) the increased interest the physician will have in the realization that his work in either in-patient or out-patient clinic is closely united with the main maternity service, and (3) the continuity

D. Physical Examination:

Date

1. Nutrition

Skin

Head

Neck

Mouth

Chest

Heart

Lungs

Breasts

Extremities

2. Vaginal examination

3. Pelvic measurements:

Intercristal cm.

External conjugate cm.

Arch

Interspinoous cm.

Diagonal conjugate cm.

Intertuberosities cm.

Date	Height of fundus	Position	Presenting part in relation to pelvis	Fetal Heart

Date	Urinalysis					Height Weight	B.P.	T.	P.
	Specific gravity	Reaction	Albumin	Sugar	Sediment				

Wassermann (treatment, if any).



An Armour Staff is working patiently and constantly in scientific research and in the commercial production of those surgical and pharmaceutical materials, whose only legitimate origin is the successfully conducted abattoir.

"Just What a Ligature Should Be"

ARMOUR'S Sterilized Surgical Catgut Ligatures, Plain, Chromic and Iodized, are made from sheep gut collected in our own abattoirs, where all animals are subject to State and Federal inspections before and after slaughtering.

Fresh material is selected, washed, and rinsed in running water until it is mechanically clean. The gut is then split lengthwise and the mesenteric portion discarded. Nothing but the smooth side is used. This insures a string that is free from weak spots and knots and that is absorbed uniformly after being imbedded in the tissues. The strands are then slimed, scraped and treated in such manner as to remove all but the clean sub-mucous lining. During this process, requiring several days, the material is kept at a low temperature (near freezing) to prevent fermentation and minimize bacterial growth.

While in a moist state and immediately before spinning and drying the strips of gut are

sterilized in an air-tight chamber by means of sulphur fumes.

After drying, all Ligatures are hand polished until perfectly smooth. They are then taken off the racks and gauged, sorted, and all traces of fat removed by proper solvents. Chromicizing of Ligatures is done in a way to make the strings stand up in the tissues 10, 20 or 30 days, as may be desired.

The Plain and Chromic Ligatures are cut into proper lengths, placed in sterile tubes, and completely freed from moisture by heat and covered with storing fluid. The Tubes are here sealed and sterilized at 320 degrees F.

A special sterilizer built of brick, steel and tile was designed by the Armour Construction Dept. Superheated steam, generated in a small chamber, is regulated by self registering mercury thermometers with charts, which are kept for reference.

After the final sterilization samples are taken from each batch and tested in the Bacteriological Laboratory by bacteriologists who are entirely independent of the manufacturing work.

The Armour Sterile Catgut Ligatures are supplied as follows:

Plain and Chromic, Regular (60 inch) lengths, sizes 000, 00, 0, 1, 2, 3 and 4.

Plain and Chromic, Emergency (20 inch) lengths, sizes 000, 00, 0, 1, 2, 3, and 4.

Iodized, Regular (60 inch) lengths, sizes 00, 0, 1, 2, 3 and 4.



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in the oversight of the patient who has been examined.

Where the clinic has to be developed more or less independently of a maternity hospital service, one must rely upon one or more private physicians interested in baby welfare work. In communities in which the population is widely scattered and in which doctors are few and far between a prenatal clinic may advantageously be started by one or more public health nurses, whose duty it will be to watch carefully such patients during the pregnancy, and who will endeavor to find proper care for them at the time of delivery. Even these nurses' clinics, when conducted by efficient nurses with an abundance of tact, may accomplish great good in the community. All maternity clinics with a high standard of efficiency should encourage the private physician who is doing obstetrics as a part of his general practice to rely upon them for help and consultation. Moreover, physicians practicing among the poor or those in moderate circumstances should be shown that they will be able to cover a wider field and secure better results by the utilization of the prenatal nurse, both for the follow-up as well as for much of the rather tiresome but important routine of prenatal care.

Midwife cases offer a great problem in this connection. Such cases need urgently the help of the prenatal clinic; but infinite tact is required to bring this about.

Clinic Routine

For the clinic routine and history records we present the results submitted to Grace Abbott of the Federal Children's Bureau, Washington, by a special committee appointed for this purpose by Miss Abbott. The committee consisted of Dr. Fred L. Adair, Dr. Rudolph W. Holmes, Dr. Ralph W. Lobenstine, Dr. Frank W. Lynch, Dr. Florence L. McKay, Dr. James R. McCord, Dr. C. Jeff Miller, Dr. George Clark Mosher, Dr. Otto H. Schwarz and Dr. Annie S. Veech.

The standards¹ are so carefully worked out that it would seem unwise to attempt to reduplicate the work of this committee by not accepting their plan in full.

I. The physician at the first visit should obtain the following data and record the facts:

A. Patient's past history—

1. Diseases. Question particularly as to the following:
 - (a) Tuberculosis or exposure to tuberculosis.
 - (b) Scarlet fever.
 - (c) Tonsillitis.
 - (d) Rheumatism.
 - (e) Diphtheria.

2. Surgical conditions and accidents, especially abdominal and pelvic operations.
3. Menstrual history—cycle, amount of flow, duration, and pain.

B. Character of previous pregnancies and labors. Secure the following data of previous pregnancies in chronological order:

1. Date of termination.
2. Period of gestation.
3. Complications during pregnancy.
4. Labor—
 - Onset—spontaneous or induced.
 - Character.
 - Duration.
 - Termination of labor—Spontaneous or artificial. If artificial what method. Other complications.
5. Puerperium—
 - Infection.
 - Hemorrhage.
 - Operations following.
6. The Newborn—
 - Alive or dead at birth.
 - If dead, macerated?

Premature or term.

Breast fed—yes or no. Duration.

Baby alive now? If dead, give cause of death.

C. Present pregnancy:

1. Date of last menstruation and character thereof.
2. Nausea and vomiting and quickening.
3. Estimation of date of delivery.

II. Then proceed to—

A. Physical examination.

1. Taking and recording of the systolic and diastolic blood pressure, temperature (preferably p. m.), pulse and weight.
2. Skin, nutrition, head, mouth, neck, chest, heart, lungs, breasts, extremities.
3. Abdominal examination, palpation, auscultation, mensuration.
4. Vaginal examination. No vaginal examination during the last month of normal gestation without strict aseptic precautions. Rectal examination should be substituted.
 - (a) The necessity of a vaginal or rectal examination is insisted upon—
 - (1) To determine the existence of a pregnancy.
 - (2) To determine the position of the uterus.
 - (3) To discover any pelvic tumor.
 - (4) To determine the presence of venereal disease, and, if suspected, to take smears.
 - (5) Speculum examination of the cervix and vagina is advised in early pregnancy if indicated.
 - (b) In presence of vaginal bleeding at any period of gestation only rectal or aseptic vaginal examination should be made.
5. Pelvic measurements.
 - (a) Intercristal.
 - (b) Interspinous.
 - (c) External conjugate.
 - (d) Diagonal conjugate.
 - (e) Transverse diameter of the outlet.
 - (f) Palpation of pelvic contours, promontory, sacrum, coccyx, ischial spines, arch, tuberosities.
6. Taking of blood for Wassermann reaction.
7. Urinalysis.

Specific gravity. Albumin. Sugar.

A microscopic examination of the sediment is advisable as a matter of routine, and it is a necessity if albumin is present. If there is any evidence of trouble, a 24-hour specimen should be secured.

III. If pregnancy is determined, then give minute instructions to the patient in the hygiene of pregnancy.

Refer to publications of the United States Children's Bureau, Washington, D. C., "Prenatal Care," Publication No. 4, and "What Builds Babies," Folder No. 4, and to publications of state departments of health.

- A. Diet.
- B. Exercise, rest, sleep, and recreation.
- C. Clothing, including shoes.
- D. Baths and care of the skin.
- E. Care of the bowels.
- F. Care of the kidneys.
- G. Care of the teeth.
- H. Care of the breasts.
- I. Intercourse during pregnancy.
- J. Maternal impressions.
- K. Hygiene of the home and preparation for home delivery.
- L. Mental hygiene.

External pelvimetry is only suggestive. It alone does not determine whether any disproportion is present. Abdominal examination should be made at each visit and the height of the fundus determined at this examination. Abdominal palpation in the eighth and ninth months will show whether or not there is any obvious disproportion between the head and the pelvis. Malpositions can be determined and may be corrected. Further information as regards descent and fixation can be obtained by rectal examination.

¹Standards of Prenatal Care, Publication No. 153, Federal Children's Bureau, Washington, D. C.

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Actually gives your hospital this \$46.40 FREE Floor-Polishing Outfit and effects a minimum saving of \$119.30 besides. Sending for the particulars commits you to nothing.



With least work and at lowest cost this nationally-advertised Electric Floor Polisher keeps floors beautiful—at all times—as your hospital's floors ought to be kept. Cleans, makes sanitary, frees from dust, and polishes to a rich lustre, ALL AT ONE EASY OPERATION. Compact, light of weight, readily handled, the machine does all

the hard work of floor-polishing without requiring any effort at all. It virtually runs itself, guided merely by the finger-tips. Saves kneeling, stooping, mopping, scrubbing—and makes costly refinishing needless. Cuts floor upkeep to the lowest figure—and assures beautiful, immaculate floors at all times.

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Fill it out and send
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Hospital

Superintendent's Name

Address

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In a primigravida, if the presenting part two weeks before the estimated date of delivery is not well in the pelvis, the physician in charge should determine, so far as is possible, whether any disproportion between the pelvis and the baby exists. If a disproportion is diagnosed in any case, special care should be taken to avoid vaginal examinations as far as possible. This precaution is wise because of the danger of serious infection, should operative procedures later become necessary.

Clinic Equipment

Clinic quarters should include space for a waiting room, individual dressing room, examining room or rooms with good light. Gas, electricity, running water and toilet facilities are desirable, but if not available, substitutes may be improvised.

The waiting room should be furnished as an attractive sitting room, with an adequate supply of comfortable chairs.

Dressing Room

Screens (clothes-horses, painted) should be set up to provide individual dressing rooms.

Chair or chairs.....1	Rubber bands
Desk.....1	Clips
Blotting pad.....1	Ruler.....1
Blotter.....1	Waste basket.....2
Inkwell.....1	Hand blotters.....12
Penholder.....2	Ink, red and black
Pens	Charities Directory.....1
Erasers	Children's Welfare Directory.....1
Red pencil.....1	Guide cards, Baby Health Station.....1
	History cards or sheets.....9. 5.

Examining Room

Screen	Shelves or 2 side tables for supplies, etc.
Table.....1	Flasks for green soap and lysol.....2
Pad.....1	Medicine glass.....1
Pillow.....1	Hand scrub.....2
Covered pail.....1	Rubber gloves, No. 7½, prs.....6
Pelvimeter.....1	Supply of cotton, vulvar pads, etc.
Tape measure.....1	Metal shelf or table for gas or electric instrument sterilizer.
Stethoscope.....1	Paper napkins
Wooden Spatulae.....100	Urinalysis tray with—
Haemoglobinometer (Tahlquist).....1	Test tube rack.....1
Needles (skin)	Test tubes.....12
Wassermann sets from dept. of health	Test tube holder.....1
G.C. Smear sets from dept. of health	Urinometer.....1
Culture tubes from dept. of health	Sterno or Bunsen burner
Bandages (Ace).....6	Matches
Complete sterilizer.....1	Enamel measure.....1
Scissors.....1	Litmus
Bivalve specula.....2	Acetic acid 2%
Uterine dressing forceps.....1	Funnel
Blood pressure machine.....1	Filter paper
Thermometers.....3	Reagents for sugar and indican
Thermometer glasses.....2	Graduate glass
Glass or enamel jars for pledges of cotton.....2	Microscope
Large basins.....2	Chamber.....1
Small basins.....2	Toilet paper
Foot bench.....1	A few drugs in common use.
Wood applicators	

The walls should present a number of charts which may advantageously be studied by the patients. A considerable variety of interesting charts dealing with the present subject and of real educational value can be obtained from the Child Welfare Association, 70 Fifth Avenue, New York.

Teaching

Teaching should be carried on by the physician in charge of the clinic and by the nurse. This may be brought about by individual teaching or preferably by mothers' classes. These classes can be conducted at an interval of once in eight or ten days, and the essentials carefully gone over by the nurse (occasionally by the doctors) in both the hygiene of pregnancy and in the early care of the infant. Most of the mothers exhibit great interest in these demonstrations and talks and no doubt are greatly benefited thereby.

The establishment of prenatal clinics in accordance with these standards would accomplish much both in gradually educating the community and in increasing the health and happiness of those who actually attend these clinics.

Pregnancy Record

Date.....
 Estimated date of confinement.....
 Name..... Age.....
 Address..... Gravid..... Living children.....
 A. Past history
 1. Diseases
 2. Operations
 3. Menstrual history
 B. Previous pregnancies and labors
 C. Present pregnancy
 1. Date of last menstruation and character thereof
 2. Nausea and vomiting—Quickening
 3. Estimation of date of delivery

The reverse side of this pregnancy record card is shown in the illustration on page 550.

WHAT THE OUT-PATIENT DEPARTMENT DOES FOR EARLY MENTAL CASES

The state psychopathic hospital has in its out-patient department its greatest function, according to Dr. F. G. Ebaugh, director, Colorado Psychopathic Hospital, Denver. He says that in the organization of an out-patient department several divisions are necessary to insure the examination not only of cases which have actually developed psychoses, but of early mental cases in which treatment and advice may result in preventing a later serious mental breakdown.

The out-patient clinic, he believes, should serve as a center for all the social agencies of the community. In these gatherings special stress should be laid on the application of psychiatry to the understanding of mental mechanisms, emotional conflicts and interpretation of various conduct disorders frequently encountered in juvenile delinquency, and in meeting the problems of child guidance and school training. We are very pleased that so far the social service workers of the community have been using the hospitals as a gathering place for informal talks and discussions of the problems of mental hygiene.

LOWERING HOSPITAL COSTS

One of the most serious burdens on people of moderate incomes in the last few years has been the cost of illness. The price of medical treatment has risen in greater ratio than the increase in the income of the great "white collar" army who depend upon their salaries. A single illness, of not long duration, may wipe out all the gains made by a family during a period of arduous economy.

This condition, which has been evident for some years, is now frankly recognized by a hospital in New York—the French Hospital—which plans to bring the cost of hospital service down to a reasonable figure. A special annex is to be built for this purpose, and will cost \$2,000,000, which is to be raised by contributions, as the money for constructing the present hospitals has been raised. But just as today a patient in a private room in a hospital pays the cost of his maintenance, so the patients in the new annex will pay their maintenance cost. And that cost is to be thirty dollars a week. For this sum the patient will get a small room, food, nursing attendance, and the service of a staff surgeon or physician. The present charge for such service is about sixty dollars.



Norwegian Lutheran Deaconesses
Hospital and Institute
Minneapolis, Minnesota

Architect:
Alban & Fischer
Plumber:
Shaw & Co.



Oregon State Hospital
Salem, Oregon

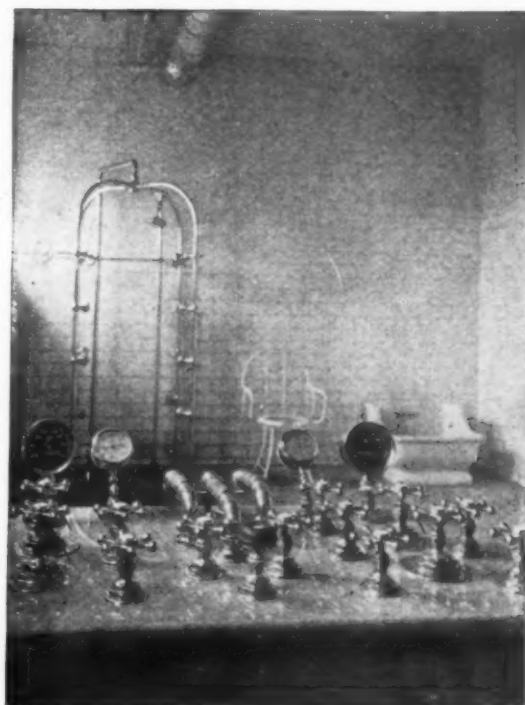
Architect:
Lazarus, Whitehouse & Foulhoux
Plumber:
A. Bernardi



St. Alexis Hospital
Bismarck, North Dakota

Architect:
Beuchner & Orth
Plumber:
Crambs & Peet Co.

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Since 1878*



Hudson River State Hospital
Poughkeepsie, New York



Greeley City Hospital
Greeley City, Colorado

Architect:
W. N. Bowman Company
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Washington County Memorial
Hospital
Bartlesville, Oklahoma

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Meeting the Most Exacting Requirements of Hospital Plumbing

It is easily recognized that plumbing requirements for modern hospitals are more strict and exacting than for any other type of building. In fact, hospital plumbing is now a job for specialists. With the great advancements in medical practice and hospital design, has grown a constantly increasing need for many varied types of plumbing fixtures.

Since 1878 Clow has been keeping pace with hospital advances. In many cases Clow engineers have developed new fixtures and devices for use in special treatments. The

most notable of these are the Clow developments for hydro-therapeutic work.

All Clow equipment is carefully designed, manufactured according to exacting standards, and put through thorough "set-up" tests before shipment. In addition, the exceptional facilities of the world's largest plant devoted to the distribution of plumbing, heating and steam supplies assure prompt shipment and perfect condition of all equipment.

Because of these things and the ability to satisfy all requirements, Clow has long been recognized as standard for hospital plumbing.

JAMES B. CLOW & SONS, 201-299 NO. TALMAN AVE., CHICAGO

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CLOW

OCCUPATIONAL THERAPY AND REHABILITATION

Conducted by LOUIS J. HAAS, Director of Men's Therapeutic Occupations, Bloomingdale Hospital, White Plains, N. Y., and
MRS. CARL HENRY DAVIS, Advisor in Occupational Therapy, 825 Lake Drive, Milwaukee, Wis.

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THE CURATIVE WORKSHOP AS AN OCCUPATIONAL THERAPY MEDIUM

THE Junior League Curative Workshop was opened at Columbia Hospital, Milwaukee, in May, 1919. As transportation of the crippled children and the industrial patients to and from the workshop during the winter months was difficult, the shop was moved downtown in October, 1923. The new quarters proved too small and the workshop was moved to its present location in May, 1925, where the rooms are large, sunny and cheerful for the patients.

Progress Over Seven Years

The following statistics indicate how the work has progressed during the seven years the workshop has been in operation:

Average increase per month.

	1920	1925
Number of patients	12	57
Number of hours spent in workshop	231	1093
Number of massage treatments	48	400
Passengers carried by automobile service ..	25	187

During the first three years the workshop was run on a

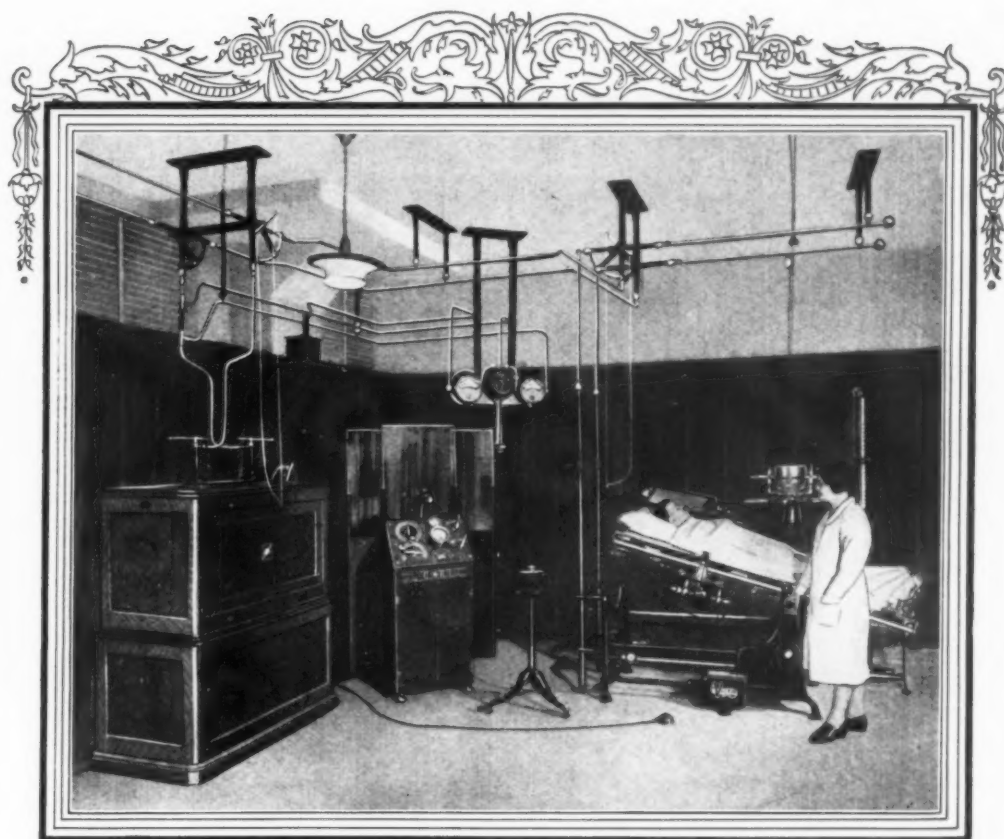
philanthropic basis. Then the insurance companies expressed their satisfaction and willingness to pay for their patients, which was a distinct advantage in helping the shop maintain itself without incurring a deficit as the result of a large number of free patients.

The morning hours are reserved for adult patients, and the average monthly receipts during 1925 almost covered these expenses. The afternoons are devoted exclusively to children and charity patients. This work is free to all patients who are unable to pay. Even very poor patients, however, like to feel they can contribute something toward the welfare of their children and be a producer in the economic world.

Last year doctors sent patients from thirty-four towns in Wisconsin and the insurance companies paid the hotel bills in addition to the cost of the treatment in the shop. Private patients pay whatever their circumstances allow. Approximately half of the work done by the Junior League is with crippled children and is entirely philanthropic. Every patient must come to the workshop with a



The bench of the Mackenzie apparatus shows how all the movements of the hand may be exercised.



"Snook" Model, Victor X-ray Machine in combination with Victor Model 16 Motor-Driven Table

Prestige and Its Obligations

Many important advances in X-ray technique have become possible through improved apparatus as developed by Victor research. Yet the name Victor has never been associated with a failure or with questionable X-ray equipment.

Every piece of apparatus developed by Victor is submitted to searching tests in actual practice. Not until it has successfully withstood these tests is it offered to the medical profession.

The Victor X-Ray Corporation has never jeopardized its own prestige or that of the physician who turns to it for apparatus or technical counsel.

33 Victor Direct Branch offices—not agencies—are maintained in the principal centers of the U. S. and Canada. Upon these Branches roentgenologists call when they need technical aid. Victor alone maintains such a nationwide service.

VICTOR X-RAY CORPORATION, 2012 Jackson Blvd., Chicago

X-RAY

Diagnostic and Deep Therapy Apparatus. Also manufacturers of the Coolidge Tube



PHYSICAL THERAPY

High Frequency, Ultra-Violet, Sinusoidal, Galvanic and Phototherapy Apparatus

written prescription from the doctor in charge of the case.

When a patient is admitted to the curative workshop a history sheet is filled out and filed. Knowledge of the patient's home life makes it easier for the director to treat the patient efficiently, for if the patient is worrying about home difficulties, a little help makes him feel that the workshop is his friend and he reacts accordingly. Many months in the hospital often give people a wrong attitude toward insurance companies, doctors, and work. It is a part of the therapist's duty to readjust wrong mental attitudes and to induce the patient to cooperate with his doctor so that he may derive the greatest benefit from his treatment.

A complete record is kept of all treatment given. Apparatus is installed to strengthen weakened muscles—the rowing machine for ankles and knees, pulleys for arms and shoulders, devices for wrists and fingers. Very few patients will over-exercise a painful, stiff joint and this voluntary exercise is far more beneficial than passive manipulation done by a physiotherapist.

Each patient is detailed to use tools and materials in a practical occupation according to his disability, and a daily record is kept of all work accomplished. Men with stiff knees and ankles work the scroll saws cutting out toys; men with stiff hands sandpaper, file, drill holes and drive nails; men with stiff elbows and shoulders use the mitre saw. The tools and materials are adjusted to meet the needs of the patients. All work is done from a curative standpoint, the exercise being considered more important than the product.

One of the most interesting features of the shop is the charting system. The charts need little explanation, but they mean a great deal to the patient. All improvement charts are pinned on linoleum wall boards where the patients can see them and great interest is shown in all new records and progress. A test is given every few days to measure the patient's improvement, and the patients watch their own progress. This not only gives the doctors and insurance companies the information they desire, but is



Girls busy in the sewing room.

an added encouragement and stimulation to the patient.

Once a week each industrial patient is sent to his doctor with a report of his condition. This gives the physician an opportunity to follow up the work and to give suggestions for future treatment. We believe that close co-operation between the shop and the physician and insurance company is essential to success.

A complete muscle chart of each child is kept. The weak muscles are called lazy muscles and special exercises are given. The exercises are written on large cards which are given to the children to hang over their beds, and they are rewarded with badges for doing these exercises on the days they do not come to the workshop. Parents are invited to visit the workshop to get suggestions for carrying on similar exercises at home.



The workshop has an attractive entrance, and as the street car goes by the door it is very easy for patients to get to and from their homes.

*An Announcement
of Importance to Users of
Vitrified Hospital China*

The D. E. McNicol Pottery Company, for fifty-eight years one of the leading pottery manufacturers of America, have converted their new modern factory, located in Clarksburg, W. Va., to the manufacture of a superior high grade of vitrified china for hospitals, hotels and institutions.

Expert ceramists and technicians are in charge of production and direct the efforts of skilled artisans in every department. Only the highest grade of materials are used and the latest and most modern machinery has been installed to insure uniformity.

Our aim is to produce hospital and hotel vitrified china of the highest grade combining quality and durability, and to render at all times the most dependable service. We are now in production and can take care of all orders promptly.

*Inquiries are respectfully solicited. Price lists
and samples mailed on request.*

**THE D. E. McNICOL POTTERY CO.
of W. Va.**

D. E. McNICOL, President
Clarksburg, W. Va.

DEPARTMENT A



A group of men doing corrective work for various stiff joints.

A full examination of each child is made every three months. Their exercises are then readjusted to the new record. This examination is taken seriously by the children, who consider it as important as their school examination.

Drawings tell the truth and show that real progress is being made even if it is slow. The drawings are hung in the workshop where all the patients can see them. Simple devices are given the patients to take home, such as gloves that flex the fingers, boards that extend the fingers, braces that show degrees of motion in elbows and knees.

One boy had had a great deal of trouble at home and for three years he had carried his hand with flexed fingers, saying he was unable to open them. He was given an extension brace to wear during the night and received treatment every day in the workshop. At the end of ten days he went back to work closing and opening his hand in a normal way.

Pool is not only an enjoyable recreation for the men but is also a hand exercise, in gripping the cue, and a shoulder exercise. We advise all our shoulder cases to

play pool as they unconsciously make movements which they find painful if prescribed as an exercise.

Card Made Out for Each Patient

The accompanying illustration shows a group of men doing corrective work for various stiff joints. Reading from left to right you see the process of putting in screws for a stiff wrist, running a treadle scroll saw for a stiff ankle, sandpapering and filing for stiff fingers, using a bicycle scroll saw for a stiff knee, making baskets for stiff fingers, cutting with a mitre saw for a stiff shoulder and using a drill press for a stiff hand.

The bench of the Mackenzie apparatus shows how all the movements of the hand may be exercised. It is a voluntary exercise and the weights are adjusted by the men. A little competition and encouragement soon adds another weight to the machines. The ladder is the climbing piece of apparatus for stiff shoulders and each notch means an inch improvement.

There are seven physiotherapy rooms at the curative workshop. A card is made out for each patient every week, explaining treatment, work, exercise, and tests to be given. The patients therefore know what to expect. Magazines are taken, and the public library sends books to entertain the patients.

A new bureau of occupational therapy has been established at the Auburn Municipal Sanatorium, Auburn, N. Y., with Ella Sandstrom as instructor. The Cayuga County Committee on Tuberculosis and Public Health is subsidizing the program. Miss Sandstrom has been a patient for nearly three years in the Chautauqua County Tuberculosis Hospital where she developed skill as an occupational therapy aid while convalescing.

The graduation exercises of the training course for physiotherapy and occupational therapy aids at Walter Reed General Hospital, Washington, D. C., took place March 31. An address was given by Lieut. Colonel C. C. Whitcomb, M.C., U. S. Army and the certificates were presented by Major General Merritte W. Ireland, surgeon general, U. S. Army. An informal tea followed.



One of the workrooms.

To a Lawyer:

WOULD you let a client entrust a lawsuit for perhaps \$300,000 to a law student who had never practiced, rather than to a lawyer of proved ability with a long record of success in the exact type of litigation involved, just because the law student would charge nothing while the competent attorney would require a fee commensurate with his ability? Does not this offer a reasonable parallel of the problem whether your hospital should entrust a campaign for several hundred thousand dollars to a skilled or amateur director?

Experience counts as heavily in campaign direction as in law. Our experience is concentrated on *hospital* campaigns alone.



WILL, FOLSOM AND SMITH

Directors of Campaigns for Hospitals Exclusively

Five Hundred and Twelve Fifth Avenue
New York

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WORKSHOP ESTABLISHED FOR ST. LOUIS VETERANS

The regional bureau of the U. S. Veterans' Bureau, St. Louis, Mo., has established at its quarters a practical occupational therapy workshop for which the cooperation of local business men is solicited in order to help the disabled veterans to find the type of employment for which they are best fitted.

In the shop these veterans work under a supervisor who instructs them in different kinds of mechanical and clerical work, and all veterans are under the surveillance of the bureau medical officers.

The therapeutic benefits to be derived in the shop are invaluable to these men. But there is still a higher goal which those interested in the shop hope to reach. In his daily application to various jobs the veteran eventually will discover one in which his interest is greatest. After he has done this the bureau officials will have a basis upon which to seek regular employment for him in some factory or office.

At present the veterans in the shop are assorting, counting and cataloging foreign postage stamps; hand addressing mail; preparing items for mailing; labeling jars, boxes and cans; winding small armatures and performing other similar operations.—*Greater St. Louis.*

REVIEWS ACTIVITIES OF CONNECTICUT O. T. SOCIETY

At the annual meeting of the Connecticut Occupational Therapy Society the president reviewed the activities of the association during the past year as follows:

1. The arrangement of speakers on the program of the Connecticut Conference of Social Work held in April, 1925. A small occupational therapy exhibit was arranged by the Bridgeport Hospital; Medical Workshop, Stamford; Middletown State Hospital; Cromwell Hall; Norwich State Hospital and Gaylord Farm.

2. A conference was arranged by the director of Mental Hygiene Clinic in Waterbury, to study the advisability of establishing a community occupational therapy workshop in that city.

3. An invitation was extended to the president to address the health committee of the Hartford Council of Social Agencies on the general subject of occupational therapy. This was arranged by Miss Byington.

4. The gathering of much literature and information with a view to establishing an information bureau of occupational therapy in the secretary's office.

5. Progress of plans to establish a traveling basketry exhibit for the exchange of good models for hospital workshops; also for the appointment of an art committee to study the problem of making more beautiful articles in our occupational therapy departments.

In accordance with the constitution, the executive committee has recommended the following plan of work for the coming year:

1. That a speaker be secured for the meeting of the Connecticut Conference of Social Work, and an exhibit arranged, if feasible.

2. That Dr. T. E. Reeks of New Britain, be consulted as to the possibility of getting occupational therapy before the Connecticut Hospital Association.

3. That the president and health committee of the State Federation of Women's Clubs be consulted as to means of spreading data about occupational therapy as a profession among the club women of the state.

4. That short reading lists on various phases of occupational therapy be prepared for circulation on request.

5. That work on a basketry exhibit and art committee be continued.

This program has been adopted.

In conformity with recommendation No. 4, the secretary of the association is now prepared to send lists of books and magazine articles on the following subjects:

Occupational therapy and mental and nervous illness,

Occupational therapy and tuberculosis

Occupational therapy and orthopedics

Occupational therapy and general convalescence

Occupational therapy and children

Occupational therapy and rehabilitation

Outline of course in occupational therapy for physicians and medical students

Minimum standards for training of occupational therapists

Catalogues of occupational therapy schools

Equipment of occupational therapy workshops

Other subjects on request

HOW OCCUPATIONAL THERAPY WORK SUPPLEMENTS TREATMENT

The following facts about occupational therapy are presented by the executive committee of the Connecticut Occupational Therapy Society:

"Occupational therapy is any activity of mind or body definitely prescribed and guided for the purpose of contributing to, or hastening recovery from disease or accident."—Pattison.

Occupational therapy is directly curative:

1. When through accurate prescription and careful application it restores lost or impaired functions of muscles and nerves.

2. When it prevents restlessness and reduces the amount of sedative medicine used.

3. When it diminishes the acidosis caused by fear, anxiety, loneliness, homesickness and boredom.

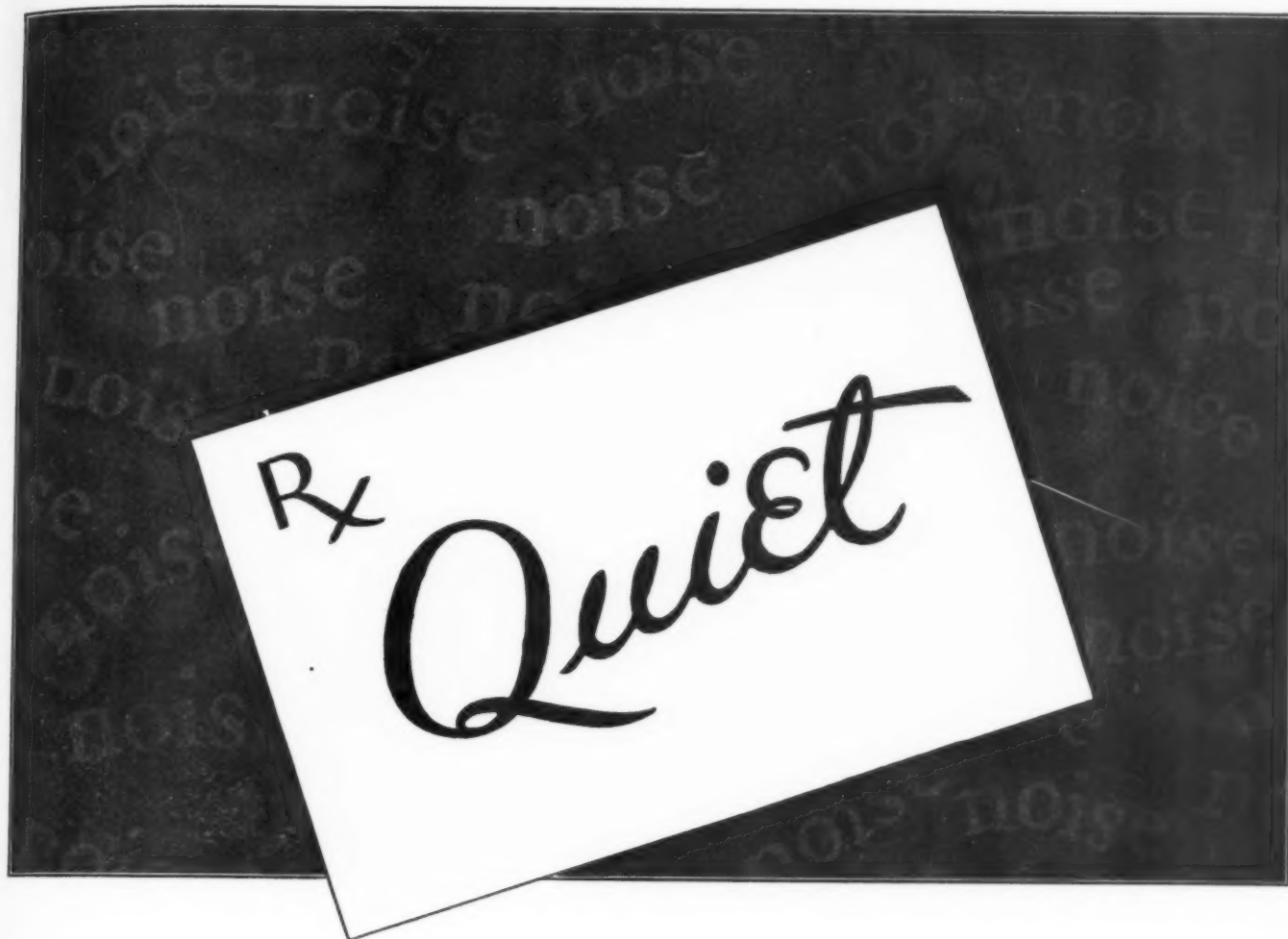
4. When it substitutes normal for abnormal thinking, talking and physical activity.

"Occupational therapy will some day rank with anesthetics in taking the suffering out of sickness and with anti-toxins in shortening its duration. The greater part of the distress in chronic diseases is mental, and occupational therapy is, thus far, our only means of dealing with this factor." Dr. Thomas Salmon.

The technique of prescription and treatment is being rapidly developed. Its method is to use a carefully selected and graded series of occupations suitable to the strength and disability of the patient, which will not only aid in restoring lost functions, but carry on through periods of enforced retirement some measure of the normal mental and physical activities of life.

"Occupational therapy provides a means of conserving and bringing into play whatever remains to the sick and injured of capacity for healthy functioning . . . The patient is aided in mobilizing his physical, mental and spiritual resources for overcoming his disability. The care and management of the patient presents fewer difficulties, convalescence is hastened, and the danger of relapses, invalidism and dependency is reduced." T. B. Kidner.

While occupational therapy is primarily a department of medicine, the work of an occupational therapist may legitimately include the direction of diversional occupations for the incurable, the mentally defective, cripples and the blind.

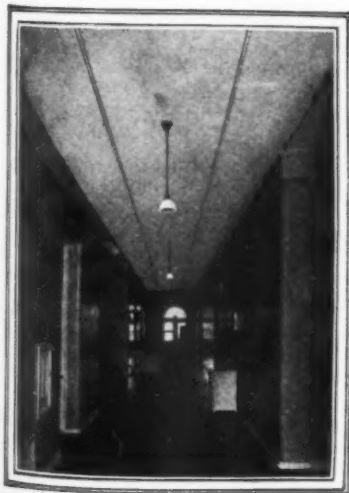


A good prescription for any hospital

PRESCRIBE quiet for your hospital and you prescribe quicker recovery for your patients. "Soften the blows of sound" and you lighten the burdens of doctors and nurses. It is the quiet hospital that brings back health to patients and sustains it for the staff.

Investigate Johns-Manville Acoustical Treatment. Let us show you how it is being used by hospitals everywhere. It is simple, sanitary and unnoticeable. And it can be applied to an old building as well as a new one.

JOHNS-MANVILLE Inc., 292 Madison Ave., at 41st Street, New York City
Branches in all large cities For Canada: CANADIAN JOHNS-MANVILLE CO., Ltd., Toronto



Johns-Manville Acoustical Treatment lessens nervous fatigue by absorbing annoying noises and sounds. It has, however, high light-reflecting quality.

JOHNS-MANVILLE

Acoustical Treatment

HOSPITAL EQUIPMENT AND OPERATION

With Special Reference to Laundry, Kitchen and Housekeeping Problems

Conducted by HERMAN SMITH, M.D., Superintendent
Michael Reese Hospital, Chicago, Ill.

IS A MECHANICAL STOKER JUSTIFIED?

By Russell Byron Williams,
Chicago

THIS question cannot be answered by generalizing. Each hospital has its own individual boiler plant, and each plant its own set of distinct problems. Practically speaking, no two plants are alike. For this reason, if for no other, the question "Is a Mechanical Stoker Justified?" is impossible to answer in the absence of knowledge concerning individual conditions. I have visited many hospitals where the installation of a mechanical stoker would have been a financial mistake. For those institutions the existing method of scoop-shovel firing was the only economical practice. Scores of other institutions that have been visited reveal conditions that would be greatly improved through the installation of a mechanical stoker. By far the greater percentage of the larger hospitals are already so equipped.

Investigate in Summer

Because the institution of less than twenty beds obviously has no great need for a stoker, and because at least 98 per cent of the hospitals ranging in size over one hundred beds are now equipped with mechanical stokers, this article is addressed to that class of hospitals ranging from twenty-five to ninety-five bed capacity. To those hospitals that are not now equipped with mechanical stokers for their boilers, it is recommended that they take advantage of the summer months to investigate the desirability of such stokers with a view toward installation before cold weather. This recommendation is made because, for the average small plant, there are six reasons why mechanical stokers should prove a profitable investment. These are: (1) Ability to burn the cheaper grades of coal; (2) higher boiler efficiency is usually effected; (3) increased boiler capacity is almost always resultant; (4) minimization of smoke; (5) greater flexibility is afforded and more automatic operation; (6) reduction of labor turnover. With the possible exception of the last, any one of the first five will likely be sufficient to justify an installation.

While in western states, natural draft chain grate stokers have enjoyed predominance in past years, and throughout the eastern states the "V" type natural draft and rear cleaning inclined type of overfeed stokers have been used extensively for several years, at the present time there is a general tendency toward the installation of forced draft underfeed stokers. This type of stoker has proved itself capable of greater flexibility, higher effi-

ciency and a wider range of fuel than the other types, although it must be said that in many instances the natural draft stokers have effected exceptional savings and degrees of efficiency.

Analyzing the above reasons for the installation of stokers, it may be said that the underfeed stoker gives the best results when operated on nut, pea or slack size of coal that will pass through a one and one-half inch screen. Except in a few isolated localities there is an abundance of this type of coal on the market, with the result that it can be purchased in any quantity at prices ranging from fifty cents to \$3.50 a ton cheaper than lump or run-of-mine coal, the type that is usually employed for hand firing. Striking an average in this range of saving, and assuming for the sake of calculation that a stoker would effect a saving of \$1.75 a ton on the year's consumption, it will not be difficult for any superintendent who knows the annual coal requirements to approximate the possible economy from this source.

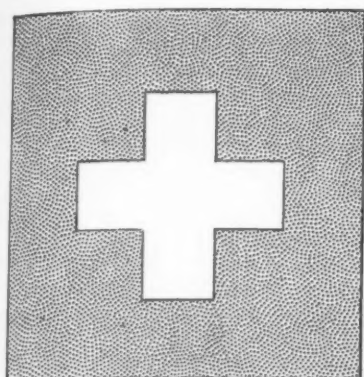
Forced draft underfeed stokers invariably effect a considerable increase in boiler capacity. This increased capacity will range from 25 to 100 per cent, depending upon the boiler, size of stoker and capacity of the stack. Certain it is, the installation of stokers, in many instances, has rendered unnecessary expensive alterations to buildings or the installation of an additional boiler.

When the practice of hand firing is employed it is difficult, if not quite impossible, to control the volume of smoke that will issue from the stack. This is because hand firing seldom affords complete combustion. With stoker firing and the proper setting, combustion is far more complete, and, with an intelligent fireman, there should be little smoke, provided that the fuel bed is not disturbed.

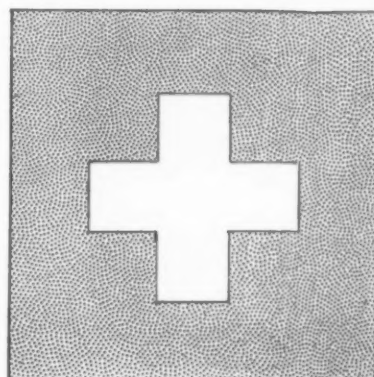
Is the Boiler too Small?

Almost all mechanical stokers installed at the present time are completely automatized. This means that the mechanism operating the stoker itself also varies the fan speed and the coal supply from the steam pressure. This reduces the amount of attention necessary to firing and, in the case of small hospitals, very often leaves the firemen or engineer free to perform other duties about the institution.

The question, "Is my boiler too small for a stoker?" often arises in the minds of superintendents. The minimum size of boiler to which a stoker may profitably be



Does your kitchen run smoothly?



FEW THINGS upset hospital routine as completely as the lack of modern equipment in the kitchen.

Gas for cooking is one of the conveniences which keep the kitchen running smoothly. And your hospital can have gas for cooking, even though it is not located near a city gas main.

Pyrofax gas resembles natural gas and is shipped to the hospital in steel cylinders. It is non-toxic and burns with a clean, hot flame free from soot or odor. It can be used on any standard gas appliance—ranges, hot plates,

Bunsen burners, and laundry ironers.

The Pyrofax installation consists of a substantial enameled steel cabinet which houses the cylinders and fittings. It is placed outside the building and the gas is piped from it through ordinary gas pipe to the stoves, burners and other appliances. It is listed as standard by the National Board of Fire Underwriters.

Any further details will be promptly furnished on request. May we not send you our circular and booklet describing Pyrofax?

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in all important cities*



*General Offices: Carbide and Carbon Bldg.
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Pyrofax

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located in the larger cities, where the amount of loan and margin of security is sufficient to warrant us in making an inspection of the property.

Size of loan is limited by value of the security.

We make building loans from architects' plans and specifications, paying contractors as the building progresses on architects' certificates and waiver of liens.

Payments of principal can be arranged over a period as long as ten years. Notes to contain a clause permitting the borrower to repay any portion or the entire amount remaining unpaid from time to time.

Write for further details to

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attached is problematical. Too much depends upon conditions, and particularly upon the amount of coal burned, to permit a general answer. If only a small return in economy or increased efficiency can be realized from an installation, it would probably not pay to invest in a stoker. In hotel and business block application, however, the writer knows of three small stokers that have been installed in boilers of low capacity, each of them returning excellent dividends through fuel economy and increased boiler capacity.

One of these boilers (in a hotel) is 60 h.p. while in another case (in a business block containing a restaurant) the boiler is eighty h.p. In some cases the mere elimination of excess smoke might be a factor sufficient to justify a stoker installation, while for another hospital the provision of mechanical operation so that the engineer might be relieved for other duties would save one man's salary and therefore justify the investment.

Two Types of Underfeed Stokers

Underfeed stokers are manufactured in two principal types, side and rear cleaning. The former is best adapted where it is desirable to remove the ashes at the front of the boiler. Contrary to general belief, however, such stokers do not require space at the side of the boiler, proof of this being found in installations of such stokers, with three in a row. The rear cleaning type of stoker is probably best adapted to boilers that range upward from 200 h.p., or where heavy overloads must be carried. With this type some space is required at the side of the boiler for cleaning fires. The side cleaning type of stoker is usually higher in initial cost than the rear-cleaning type. Underfeed stokers are driven directly by steam operated pistons or by power through reduction gears from motors. The latter type of drive is universally considered the more economical, not only in installation costs but in maintenance.

Side cleaning, forced draft underfeed stokers are particularly well adapted to small boilers, since they operate with high efficiency and can be installed at a nominal cost. No arches or elaborate brickwork are required, as in many cases the stokers are set directly under the boiler heating surface, thus utilizing to the fullest extent the radiant heat of the fuel bed. The underfeed principle keeps the green coal at the bottom of the fuel bed, thus protecting the iron work and keeping maintenance or repair expense at a minimum, and forcing the hot, incandescent part of the fuel bed to the top where the maximum heat transfer is permitted by radiation.

Stokers, like any other piece of mechanical equipment, require some attention and maintenance effort. Naturally, the more intelligent the operation the better will be the results. It should be remembered, however, that the best results can be obtained only when the fireman has the necessary draft gages, flow meters and instruments, and when he is instructed in the value of record keeping and record analysis. Weekly tabulation of coal weights should be posted with water evaporation, if possible, since this stimulates interest and gives the fireman a mark to attempt to reach. Instruments for small plants will not prove expensive, but when easily read and durably constructed instruments are properly selected they will prove capable of repaying their cost two or three times a year.

There will always be small hospitals, and necessarily, small boiler plants. Unless some unforeseen development arises it will be a long time before low pressure steam can be purchased economically from central power stations. Furthermore, these small plants will continue to operate



Reason No. 3 for Standardizing on Pequots

WEAVING

IT is often said of a sheet that "it has the same weight and count as Pequot". This statement is a tribute to the Pequot construction and careful weaving, but it is by no means evidence that the sheets so described are "just as good" or have the genuine Pequot quality.

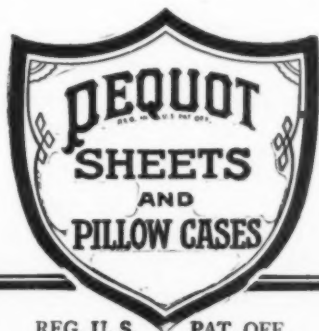
The "count" of Pequots (that is, the number of threads to the square inch) is the result of years of experimentation. Pequots are not too tightly woven for efficient, thorough laundering—nor are they too loosely woven for greatest strength.

Pequot count and weight are widely imitated. But the precise adjustment of the most modern looms, the years of experience, the ripe skill and the exacting inspection behind the Pequot weave and the Pequot reputation have never been successfully copied.

You can depend on Pequot sheets. Their quality will remain fixed—always the best.

Made by the Naumkeag Steam Cotton Company, Salem, Mass. Parker, Wilder & Co., New York and Boston, Selling Agents.

STANDARDIZE ON



REG. U. S. PAT. OFF.



Waxing and Polishing Linoleum Floors

With the growing use of linoleum in hospitals, it has been found that waxing is the proper way to care for such floors. At Lincoln, Nebraska, the State Capitol has 10,000 square yards of battleship linoleum which is waxed and polished with the FINNELL Electric Floor Machine.

Caretakers scrub twice yearly with the FINNELL, removing all the wax. Then fresh paste wax is applied by the FINNELL for a wearing foundation. Every two or three weeks, liquid wax or brightener is applied, also with the FINNELL. This removes the dirt and renews the gloss.

The big advantage of the FINNELL is that it is also a scrubber. It will scrub corridors, operating rooms, any place or kind of floor—far cleaner than hand methods and in much less time.

Write for free booklet, "Your Questions Answered by Users."

FINNELL SYSTEM, Inc.

Established 1906

District Offices in Principal Cities

36 North Collier Street

Hannibal, Mo.

Power Scrubbing Headquarters for Twenty Years

FINNELL
ELECTRIC FLOOR MACHINE
It Waxes—It Polishes—It Sands—It Scrubs

with less highly skilled engineers than the larger plants with the result that a lower degree of efficiency will be endured unless the work of boiler plant operation is automatized. Throughout the manufacturing industries there is a growing appreciation of the value of mechanical stokers and inexpensive instruments for all boiler plants ranging from 100 h.p. upward. This universal recognition is being augmented by the economies and increased efficiencies effected wherever the installations have been made. In this regard many hospitals might profit by industry's experience.

DETERMINING CORRECT ILLUMINATION FOR THE VARIOUS DEPARTMENTS*

The following illumination survey is offered as an example of this type of service for hospitals. While many of the recommendations contained herewith will not be applicable to many hospitals it is believed that there are points brought out that may be termed "common faults" for every institution.—Editor.

General Remarks, Fifth Floor

Do not use the mill type of lamps, as their output is very low, and from a lighting output standpoint a better lamp can be obtained for \$0.03 less per lamp. The mill type lamp is intended for factories or any condition where there is excessive vibration. It is noticed that clear lamps are used throughout, and this is undesirable, inasmuch as glare from these lamps closes up the retina of the eye. It therefore becomes not a question of light intensity but how well you can see. Clear lamps will soon be eliminated, as their manufacture is being discontinued because of the harmful and undesirable effects resulting from their use.

As a matter of safety it would be exceptionally farsighted if the hospital lighting system was connected up with a storage battery system, and a switch from the storage battery system located in the telephone operation room, so that if fire occurred in the evening hours, and the general lighting system failed as the results of the fire, the battery switch could be thrown in and temporarily light up the building while the patients were being moved.

Clear lamps in the operating room should be changed to frosted lamps. The prisms in the lamp hood accentuate the glare, this being further complicated by the indirect glare from the steel instruments used by the surgeons, the indirect glare from the white tile walls and the direct glare from the lamp itself. The filaments of these lamps burn at a temperature from 4,500 to 4,000 degrees.

Operating room. The first thing noticed and one that must be specially emphasized is the fact that there is no auxiliary lighting equipment in the event that lights go out because of power plant failure or of fuses being blown. It is suggested that storage batteries be obtained and that the lighting equipment in all operating rooms be connected up with these storage batteries.

The light intensity on the operation table was eighty-foot candles which is satisfactory. There would be approximately 7 per cent less intensity if frosted lamps were used. If "daylight" lamps are used they should be frosted at the bottom, and it would be necessary to have about 35 per cent more watts than at present. As you are now using 200 watt lamps it would be necessary to use 300 watts if the "daylight" type is used. These "daylight" lamps may be of advantage to the surgeons. They would show up the color of glands, etc., with some approximation of correctness, while clear lamps do not. The frosted lamps would not help as far as color is concerned, but diffuse the light and decrease glare. Another improvement would be to have the glass in the bottom of the hood made of frosted heat resisting wired glass. This would enable the use of clear, plain or daylight lamps without frosting. By the use of frosted lamps and a hood with a frosted bottom double diffusion would be obtained.

The side lights in this operating room should not be used during the course of an operation. It would be

*Based on the surveys made by George P. Bowmap, Park Ridge, N. J.

EUROPEAN FIRE PROOF

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VAN ORMAN HOTEL OPERATING CO.
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300 ROOMS
HOTEL MCCURDY
300 BATHS

EVANSVILLE, IND.

December 19, 1925

U. S. Gutta Percha Paint Company
Providence, R. I.

Gentlemen:

Sometime ago we purchased your Barreled Sunlight for interior painting in our three hotels.

The splendid results obtained from the use of your Barreled Sunlight on the walls and ceilings of our bath rooms, kitchens and corridors have fully convinced me that your product is without an equal.

It is a great pleasure for me to acquaint you with the fact, that your Barreled Sunlight is not only beautiful in appearance, but has a lasting whiteness which no other paint possesses.

It gives a satin-smooth finish, looks better than enamel, is easier to apply, and more economical than other similar products.

I feel that if more hotelmen would use Barreled Sunlight, they would be more satisfied than with other paints they have adopted.

With best wishes for your future success, I am,

Yours very truly,
Harold Van Orman

PHVO/VLP

**"has a lasting whiteness
which no other paint possesses" —**

EVERY building owner or manager can profit by the satisfying experience described in the letter above.

When applied in the white, Barreled Sunlight is guaranteed to remain white longer than any gloss paint or enamel, domestic or foreign, applied under the same conditions.

And this handsome paint finish is so smooth it can be washed like tile—without wearing away.

Sold in 55- and 30-gallon churn-equipped steel

drums, and in cans from ½ pint to 5 gallons. Easy to tint. Quantities of 5 gallons or more tinted on order, without extra charge. Where more than one coat is required, use Barreled Sunlight Undercoat first.

Send coupon for illustrated booklet "Interiors of Lasting Whiteness," and panel painted with Barreled Sunlight.

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Name.....

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Beautiful Waxed Floors

this new easy way

*Now You Can Wax
your floors QUICKLY
—without stooping
—kneeling or soiling
your hands*



POLISH FLOORS ELECTRICALLY

This Electric Floor Polisher is a marvelous, new machine that instantly and without labor brings waxed floors and linoleum to a beautiful high gloss.

Simple! Compact! Light in weight. Easier to operate than a vacuum cleaner. Runs from any light socket for less than 2c an hour. It polishes under buffets, davenport, beds, etc., without moving the furniture. Sturdily built to last a lifetime and guaranteed absolutely.

Wax Preserves Wood

"Wax is like armor for floors—tramping feet never actually touch the floor. And after a floor has been waxed the daily cleaning is simple. Wet mopping is entirely unnecessary.

Every evening simply remove the surface dirt by sweeping. Re-waxing may be necessary on the main traveled areas once or twice a month. A scrubbing should be required not more than two, three or four times a year.

\$42.50
COMPLETE READY
TO OPERATE

UNIVERSAL HOSPITAL SUPPLY CO.

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CHICAGO, ILL.

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Hospital Supplies and Equipment

helpful to the surgeon if the white tile in this room were covered with green cloth during the course of an operation, or this tile be tinted green about six feet from the floor down, so that when the surgeon looks up his eyes will be relieved of strain by the contrast. Green absorbs 80 per cent of light, while white tile reflects about 80 per cent.

Sterilizing room. The light in this room would be greatly increased without increasing the lamp wattage by using an ordinary RLM dome reflector costing about \$2. This reflector could be cleaned more easily, and is more efficient than the present reflector being used. The RLM dome is made of steel, white enamelled on the inside and will last as long as the hospital.

Main operating room. The same suggestions apply to the main operating room as were made regarding the operating room to the north. In this room it was noticed that the intensity of the light was only 60-foot candles which is below the minimum of 75-foot candles. The lamps in operating rooms might well be taken out and replaced with new ones every three months. The lumen output of electric lamps steadily decreases. The average life of a lamp is about 1,000 hours, but the amount of its light output has decreased considerably by the time it burns out. It was noticed that one lamp was burnt out and one missing from the socket in the hood, which partly accounts for the low intensity.

Minor operating room. The light intensity in this room was 45-foot candles. It was also noticed that in the cluster of lamps used here there were two mill type lamps. The total wattage of the lamps amounted to 340 watts. If two 150 watt lamps were used more light would be obtained from them than from the six now in use and it would be a saving financially. If one 150 watt lamp went out the other would act temporarily until another could be obtained. It would be best to have these 150 watt lamps frosted or use the "daylight" type with frosted bottom. They should be inclosed in a diffusing dome or at least a reflector that will keep the eye from seeing the filament of the lamp.

Tonsil room. As the surgeons use special lights in this room the general lighting intensity is probably satisfactory. However, more light without increasing the wattage can be obtained by using the RLM dome instead of the diffusing dome now in use.

X-ray room. In this room an ordinary RLM dome costing from \$2 to \$3, with frosted or bowl frosted lamp will greatly improve conditions. It should be placed much higher up than the present lamp.

Ether room. In view of the explosive quality of ether it is suggested that the lamp in this room be placed in a vapor proof fitting with a standard guard around it so that there will be little chance of breakage, and even if the outside glass be broken the lamp will be kept from harm. If the lamp should break the incandescent filament or an arc will not come in contact with the ether fumes. This is to take care of a possibility more than a probability. The lamps used in this room should be frosted.

Sterilizing and work room. In this room considerably more light would be had by using the RLM dome previously suggested and frosted or bowl frosted lamps used in connection.

Baseboard Receptacles Used Between Beds

In the surgical wards it would seem that desirable results could be obtained by the placing of baseboard receptacles in between the beds so that by using a portable light which is very inexpensive, dressings could be made without moving the patient to a special room when it might be advisable not to move the patient. These baseboard receptacles would also enable the use of quartz lamps, portable x-rays, and side light apparatus without the necessity of connecting up with an overhead inaccessible lamp socket. Such a portable light would also enable the taking of blood samples considerably more expeditiously. In the portable lamp could be installed a "day-light" lamp which would help to find blood vessels. This would be exceptionally helpful where it was necessary to work on colored people, where if proper light does not exist it is very difficult to find the blood vessels.

It was noticed that mill type lamps were also being used on the various floors visited by the writer, and as mentioned already this is not desirable from the standpoint of economy and efficiency.

In the women's dressing room an ordinary RLM dome

RESTORING THE SICK TO HEALTH

AND

KEEPING WELL PEOPLE WELL

This double function—*keeping well people well and restoring the sick to health*—is one of the reasons why the hospital idea has been so universally accepted by the American people.

Restoring the sick to health, while originally the only function of the hospital, is more and more being supplemented by the service of *keeping well people well*, and all over the country hospitals are taking active leadership in health educational work.

Quite properly the service of any hospital includes educational work with resident patients, out-patients, and through its community contacts—educational work to the end of preventing those abuses of right living which lead to ill balanced metabolism which so frequently shows itself through a diminished alkalinity of the blood and tissues due to an excess of acid products—*acidosis*. This excess acid is frequently observed for the first time when the patient enters the hospital or dispensary for diagnosis. It is the beneficent service of the hospital staff to go beneath the surface of things and find out the underlying causes.

Whatever may be the remote cause of hyperacidity, the simple corrective measures here discussed should be considered by those re-

sponsible for the diagnosis, treatment and care of patients in hospitals and similar institutions. Also a note of warning may well be sounded to those who are well so that they may conserve health.

Gastric hyperacidity, acidity of the mouth and other of the more obvious manifestations of acidosis are promptly counteracted by Phillips' Milk of Magnesia which has a pronounced affinity for acids, the harmless resultant compounds being readily excreted.

The increasing use of sodium bicarbonate by the public to control "acid stomach" should be considered in this connection. Only a part of the bicarbonate is effective and that portion which produces carbon dioxide may be seriously detrimental.

Phillips' Milk of Magnesia being free from carbonates does not distend the stomach nor cause flatulence of the lower intestinal tract. Its antacid action is pronounced. A given quantity of Phillips' Milk of Magnesia neutralizes almost three times as much acid as a saturated solution of sodium bicarbonate and nearly fifty times as much as lime water. Further it has the additional merit of being laxative, a quality of importance here since constipation is so frequently the underlying cause of hyperacidity.

DOSAGE—The usual dose of Phillips' Milk of Magnesia, as an antacid, ranges from one teaspoonful (4 c. c.) to one tablespoonful (16 c. c.). This amount should be mixed with an equal portion of cold water or milk and given half an hour after meals.

For its laxative effect, the adult dose is one to two fluid ounces (30 to 60 c. c.). The aperient action may be facilitated by giving the juice of lemon, lime or orange, half an hour thereafter.

PHILLIPS' Milk of Magnesia

CAUTION. Beware of imitations of Phillips' Milk of Magnesia. The genuine product bears our registered trade-mark. Kindly prescribe in original 4-ounce (25c bottles) and 12-ounce (50c bottles) obtainable from druggists everywhere.

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THE CHARLES H. PHILLIPS CHEMICAL CO., New York and London

For complete index of advertisements refer to the Classified Directory



The No. 10 "Hide-Away" Witt Kitchen Can

THE No. 10 Guaranteed Witt Corrugated Can is the hide-away kitchen type.

Only 18½ inches over all, but having ample capacity of 12¼ gallons or 1½ bushels, it can be slid back under the average workbench or table, out of sight, out of the way, but right at hand when it's most needed.

The construction is typically Witt—special analysis sheet steel; deep, well-rounded corrugations; interchangeable lid; the entire unit all hot-dip galvanized after being assembled—giving you a Can that is guaranteed to outlast 3 to 5 of the ordinary kind.

Try one! Your Jobber can supply you, or write

The Witt Cornice Company

2120 Winchell Avenue
CINCINNATI, OHIO

Manufacturers of

WITT
CORRUGATED
•CANS and PAILS•

would give more light, and a glass steel diffuser would be almost ideal and give more light with the same wattage lamp now in use, although the writer is of the opinion that the wattage of this lamp should be increased. In rooms where reflectors have been broken it is suggested that RLM domes be installed throughout as they will give more light with the same wattage of lamps.

The only serious condition the writer would report upon is in the laboratory. Here the lighting is of such a nature that efficient work is possible only under difficulty, and should be acted on immediately.

It is suggested that glass steel diffusers be used as a permanent solution of the problem and that all frosted lamps of a wattage sufficient to bring the light intensity up to at least 10-foot candles be installed.

Would suggest for immediate attention: The condition in the operating rooms, the laboratory, and the changing of the lamps to 115 volts and to the proper types.

A HEATING SYSTEM INNOVATION

The architect who specializes in hospital design has no problem greater than the provision of efficient and accurately controlled heating. For years engineers have contended with cast iron radiation on which comparatively little improvement has been made during the past fifty years.

A copper and bronze heating unit has been introduced into various centers of the United States in the past few months that may establish an entirely new standard of heating with vapor, steam and hot water systems.

The system employs the principle of convection rather than radiation. The heating units comprise an assembly structure of copper tubes and fins mounted in bronze headers. These units are designed for steam, vapor and hot water systems. The accuracy of their construction and the known high thermal conductivity and longevity

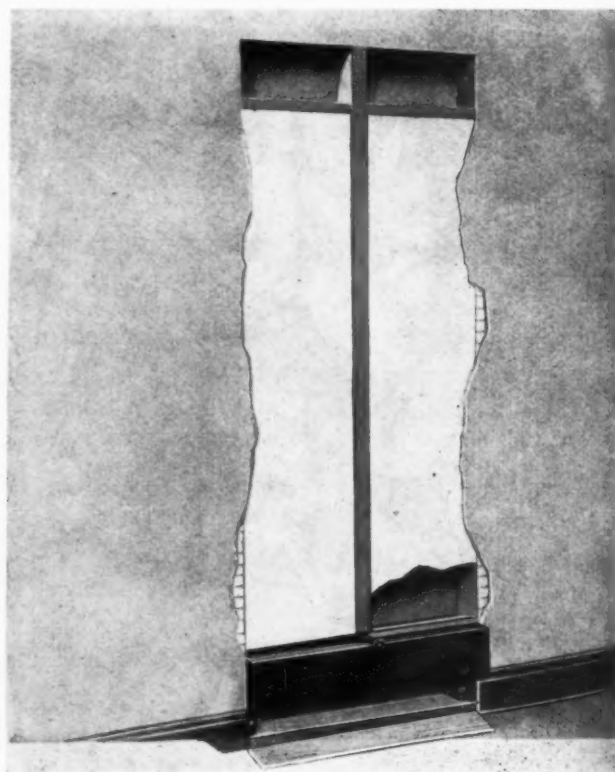


Figure 1

of copper, assure a combination worthy of consideration in solving heating problems.

One of these units weighs less than twelve pounds, properly installed, and is more efficient than 300 pounds

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HOSPITAL SUPPLIES

CLOSE your eyes and buy "American" Supplies, and you will buy good, dependable, fair priced supplies.

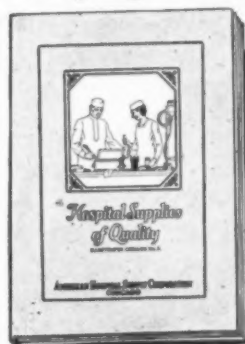
There is a story behind the ability to print that sentence that is a mile long,—but you aren't interested in stories.

You *are* interested in this ability to send us an order "sight unseen" and receive goods as good or better than you expected, at prices that are fair, lower even than you would consider fair.

Turn the pages of the "American" catalog, find the items you need, write them down and send them here, and—we guarantee your satisfaction. Spelled in capitals it looks like this: SATISFACTION.

This is interesting to you *only* if you are interested in lower cost and better operation of your hospital. "American" Supplies *will help you towards that goal*, for they are dependable and reasonably priced. You can close your eyes and buy them with impunity.

*Buying with Satisfaction
from the
"American"
Catalog*



Each item listed is selected only after it has proved ability to do your work thoroughly, to wear and last longer, and—to cost a fair price in the beginning, a whole lot less in the end. Here are supplies tested for performance and long life; guaranteed dependable.

Self Adjusting Throat Collar (Spring Type)

You'll need them this summer. Order your dozen *now* at this Special price. Your patients, nurses and physicians will be grateful for their aid. They are (as usual) guaranteed. Summer is coming. You'll need them then. Get your dozen *now*.



Per doz.

No. 114 Throat Collar.....\$23.50
In two dozen lots..... 21.90

Double Graduated Medicine Glass



Extra heavy. Made in a mould. Accurate. Smooth. Double graduations, one for tea and one for table spoons. One gross costs \$5.50. That's cheap. In barrel lots (7½ gross) the price per gross is \$4.50. Which is saving approximately 20% over a price which is already a bargain price.

The AMERICAN HOSPITAL SUPPLY
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"T O M A C" H O S P I T A L S U P P L I E S



Overshadowing Every Promise —Keleket Performance

New developments in Roentgenology have been announced so frequently in late years that many practitioners are in doubt as to what is really worth while.

There is a safe answer to each of your questions.

Since 1903, when the Keleket institution was founded, no X-ray development has been announced by this company until it has survived every scientific test and actually demonstrated its practicability in laboratory or clinical use.

This thoroughgoing method, elevated to a standard of mathematical accuracy and backed by unrivaled resources and facilities, has made each Keleket development not only something that should be used, but a professional necessity.

Whatever your X-ray problem, Keleket engineering counsel is yours for the asking—and you will find it comprehensive, unselfish and always sound. Write us at any time.

THE KELLEY-KOETT MFG. CO., INC.

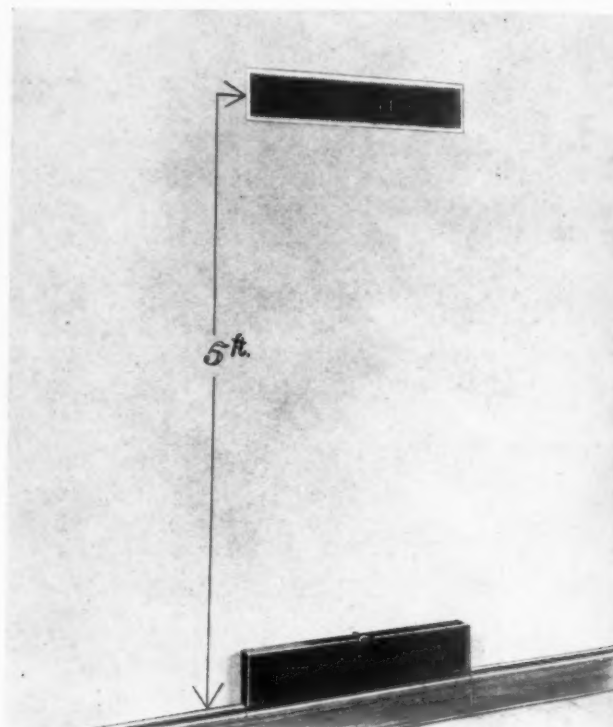
Covington, Kentucky, U. S. A.
"The X-ray City"

Keleket

X-RAY EQUIPMENT

of direct cast iron radiation. It is five and one-quarter inches wide, twenty-four inches long and two inches thick, and may be installed completely in a wall partition with nothing visible but input and outlet grilles. Fig. 1 shows how the unit proper may be visibly installed.

The cold air enters through the face of the unit, is heated and rises through the concealed wall stack and



goes out through the grille, which may be located at any point twenty-four inches or more above the unit face. When wall thickness permits, the unit may be entirely concealed within the wall.

The position of the patient's bed in the room need be given little thought as far as the heating system is concerned. A patient lying directly beneath the outlet grille will not be affected in any way by the warm air expelled above. The added circulation insures heating without draughts or hot spots at any point in the room. Saving of floor space formerly occupied by radiators of cast iron is likewise noteworthy.

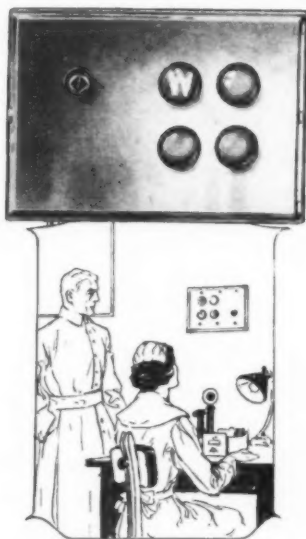
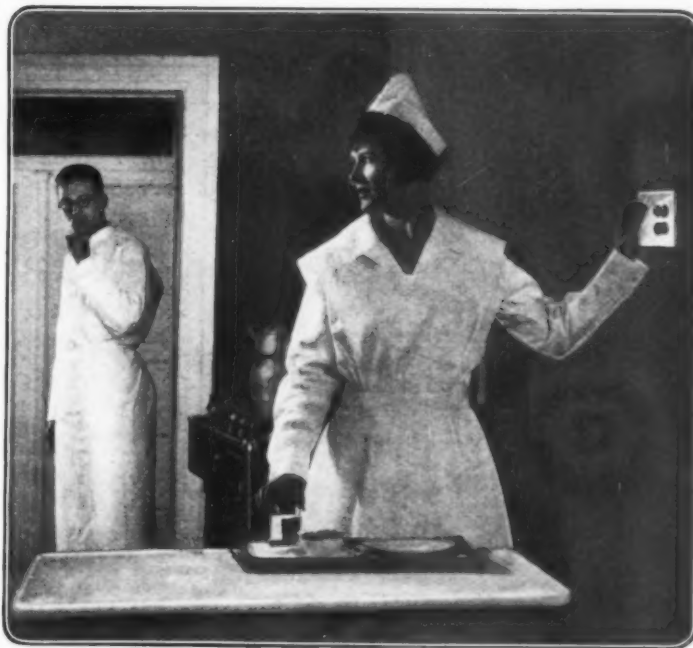
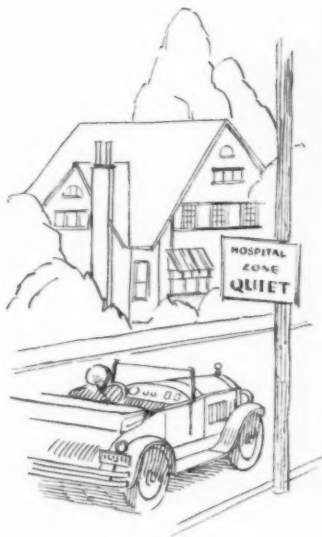
Hallways and corridors may now be left clear for traffic and by the elimination of bulky radiators the danger of attendants running against them with food carts, stretcher carts and other conveyances is obviated.

CLEANING SILVER

Of the many ways to clean silver that used by a Washington hospital is one of the quickest and most efficient for the small institution that cannot afford a silver cleaning machine. This hospital uses a solution of water and ammonia; a tablespoonful of ammonia to each cup of water.

Because of the hard coal shortage many hospitals have found it necessary to burn various grades of cheap coal that clinkers very easily. A New York hospital engineer has found that this evil can be overcome by introducing a small amount of exhaust steam through the fire box under the boiler.

When Quiet Should be Absolute



~ she "Cuts out" the Buzz

SILENCE, first aid to "Nature's sweet restorer, balmy sleep," settles mercifully over the hospital. Quiet must be absolute. Here the Connecticut Signal System . . . with the audible "buzz" cut out . . . continues to operate with complete efficiency, but without disturbing noise. Tiny signal lamps flash and remain "on" until each call is answered.

Connecticut Signal Systems were designed to meet *all* the requirements of the modern hospital and to provide for every emergency. Ask to have full details sent you. You will at once perceive how thoroughly Connecticut craftsmen have fulfilled the ideals of scores of hospital authorities.

Swift, silent, accurate service —this is the purpose for which Connecticut Signal Systems were designed. Scores of experts expressed their opinions and ideals, which Connecticut designers built into a system that includes numerous exclusive features.

Signal Systems Division

Connecticut Telephone & Electric Company
Meriden, Connecticut, U.S.A.

Cold Molded Insulation Signal Systems Radio and Automotive Devices

Connecticut

 **Signal & Telephone Systems
for Hospitals**

See
Sweet's Catalogue, pages
2500, 2501, 2507, 2508
and 2509.

This advertisement is No. 28 of a series describing Connecticut Signal Systems.

For complete index of advertisements refer to the Classified Directory

A tempting new dish for your summer menus

Tomatoes and Eggs with Cream of Wheat

Grease muffin tins; put one thick slice of unpeeled tomato into each tin, season with salt and pepper. Break one egg on top of each slice; again season with salt and pepper and put a tablespoon of cooked Cream of Wheat on top of each egg. Top with a small piece of butter. Bake in oven until egg is set. Serve on rounds of toast and garnish with parsley.

Here is a delightful new combination dish which will appeal to sick appetites.

It will appeal to dietitians, too, because it fills all the requirements which a dish must have to go on a hospital menu—delicious, rich in food values, simple to digest, easy to make and inexpensive.

You know the value of Cream of Wheat as a food. Physicians use it because of its rich carbohydrate content and its quick, easy digestibility.

You can always depend upon its uniform quality, in summer as in winter. This is because it is safeguarded in a *triple-wrapped-and-sealed* box, proof against outer contaminations.



Try this recipe as a way to vary your summer menus. For a variety of tempting ways to serve this delicious food, send for our recipe booklet, "50 Ways of Serving Cream of Wheat." It is free.

FOR 30 YEARS A STANDARD FOOD ON
PHYSICIANS' DIET LISTS

Cream of Wheat

Cream of Wheat Company, Minneapolis, Minnesota
In Canada, made by Cream of Wheat Company, Winnipeg

© 1926, C. of W. Co.

Book Reviews and Current Hospital Literature

INSECTS AND DISEASE OF MAN

By CARROLL FOX, M.D., Surgeon, U. S. Public Health Service.¹

The public health worker of today realizes that if his work is to be conducted on a scientific basis, he must include medical entomology in his armamentarium of knowledge. Previously, it was enough to know that the *Aedes calopus* was a transmitter of yellow fever and dengue, that the *Anophelinae* were the carriers of malaria and that certain of the *Arachnida* had been incriminated as disease distributors.

Today the field has been so expanded and the realization of the necessity of accuracy in the application of preventive and eradication measures against the insect-borne diseases have been so extended, that in order to do this class of work with the greatest precision and economy, it is necessary that the sanitarian be well grounded in medical entomology.

Surgeon Carroll Fox of the U. S. Public Health Service has prepared a concise and practical book, "Insects and Diseases of Man," which sets forth the essentials for public health practice in this field in a manner that is both helpful and worth while. This book is a condensation of a field of knowledge that is protean in its aspects. Its arrangement is ideal and its style is pleasing without sacrificing scientific accuracy. The illustrations, most of which are from the pen of the author and Mr. L. H. Wilder, are admirable. The publisher has cooperated with Dr. Fox in the production of a well bound, typographically pleasing volume. The index is full and the author has conserved much space by the wise omission of references and bibliography. The book will prove invaluable to the student of public health and the practicing sanitarian alike, and is recommended for inclusion in the library of every public health worker. Its first twenty-three chapters are devoted to the technical side of medical entomology, the balance of the book being concerned with the diseases carried by the arthropoda among human beings. The book is a decided addition to epidemiology.

BACTERIOLOGY AND APPLIED IMMUNOLOGY FOR NURSES²

By ROBERT A. KILDUFFE, A.B., A.M., M.D., Director of Laboratories, Atlantic City Hospital; City Bacteriologist, Atlantic City, N. J.

It is becoming more apparent every day that the thoroughly trained and equipped nurse is a real guardian of the public health and that unless she is given an adequate scientific background, she cannot perform this function with the greatest intelligence. She is no longer a mere attendant whose sole function is the performance of the more or less mechanical duties of the sickroom; she is

1. P. Blakiston's Son and Company, Philadelphia, 1925.

2. The Bruce Publishing Company, Milwaukee, Wis., 1926.



Pyrex looks—and is—attractive and sanitary. It can be sterilized without danger of breaking

Pyrex is made in small sizes, permitting individual service to meet special needs. It permits baking and serving in the same dish



TESTS . . .

by experts show that foods
bake better in this ovenware

IN the country's greatest cooking school tests were made recently to determine the comparative efficiency of different kinds of ware.

Dozens of foods were baked in all the materials commonly used in baking.

The results were overwhelmingly in favor of Pyrex, adding greater baking efficiency to the already recognized advantages of this ideal ovenware.

The tests showed that Pyrex (Reg. U. S. Pat. Off.) distributes the oven heat more efficiently—browning the crust more uniformly, baking the inside more thoroughly, more evenly.

Pyrex insures not only more healthful, more uniform baking results but greater efficiency and convenience in serving and preparing as well.

For, with its remarkable heat retaining properties, Pyrex ovenware prevents too

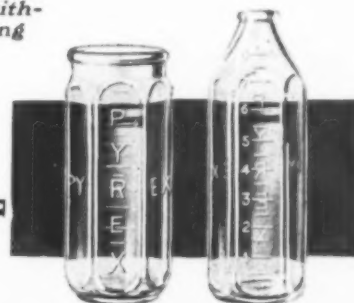
rapid cooling—an important factor when foods must be carried some distance.

Smooth, transparent, with all angles and corners rounded, Pyrex ovenware is easiest to keep spotlessly clean. Resistant to high temperatures and to sudden cooling, it can be sterilized constantly without danger of cracking or breaking.

Pyrex permits the time-saving convenience of baking and serving in the same dish. It is made in sizes small enough for individual service to patients with special dietetic needs. Pyrex looks—and is—sanitary and attractive. It will never stain, discolor, nor show traces of wear—will give long, efficient, and economical service.

Due to their remarkable resistance to heat, to sudden cooling, to chemical action and to electric current, Pyrex products have important hospital uses. Complete information regarding Pyrex hospital equipment will be sent on request.

Pyrex Nursing Bottles can be sterilized without fear of breaking



CGW
CORNING GLASS WORKS
CORNING, NEW YORK

A recognized ally of the profession

PHYSICIANS know they can rely upon Kellogg's ALL-BRAN because it is 100% bran. 100% effective both in relieving constipation and in preventing it.

That is why more and more physicians are recommending ALL-BRAN in the diet. Kellogg's provides the bulk or "roughage" necessary to correct faulty elimination in a generous quantity no part-bran product can possibly equal.

Cooked and krumbled by a special process—Kellogg's has a particularly delicious flavor. There are many appetizing ways of serving it. As a ready-to-eat cereal—or in cooking. ALL-BRAN is a prescription that any child will delight in taking.

Made by Kellogg in Battle Creek, Michigan. Sold by all grocers. Served everywhere.



What U. S. P. is to
drugs, ALL-BRAN
is to bran foods.

Send to the Kellogg Company,
Battle Creek, Mich., for recipes
and health pamphlets.

Kellogg's

the original ALL-BRAN
—ready-to-eat

required to have a much broader knowledge of medicine and its allied branches than her sister of a decade ago.

For the purpose of introducing her to the field of bacteriology and applied immunology, Kilduffe has produced a splendid monograph which treats of these subjects in condensed but practical form. There are chapters on the prevention of disease and applied sanitation that are models of their kind, and the chapter on the nurse and the education of the public should be carefully read by every nurse. A short laboratory course of ten periods is outlined and there is a good section on vivisection and anti-vivisectionists. The book is of convenient size and will fit in any nurse's handbag, where it is hoped it will find a place.

SCOLIOSIS—ROTARY LATERAL CURVATURE OF THE SPINE

By SAMUEL KLEINBERG, M.D., F.A.C.S., Assistant Surgeon, New York Hospital for Ruptured and Crippled.¹

Orthopedic surgeons will find much valuable material beautifully presented in Kleinberg's "Scoliosis—Rotary Lateral Curvature of the Spine." This is a conscientious and painstaking effort to describe the pathology, etiology, prognosis, treatment and prevention of this multiform deformity. The author has not forgotten the public health aspects of a condition that has a great bearing upon the mentality and general welfare of children and adults. The book is well illustrated and is a masterly presentation of the subject, although it adds little that is new. It has an excellent bibliography. The author holds out no extravagant hopes of cure when structural changes with bony deformities have occurred. The beauty of the book lies in its conciseness, splendid illustrations, clarity and soundness.

NOT SPEAKING OF OPERATIONS

By JOHN FINCH BARNHILL, M.D., Indianapolis, Ind.²

In reply to Irving S. Cobb's *Speaking of Operations*, Dr. Barnhill conjures up a picture of the opposite side of hospitalization through a series of personal experiences as patient and physician. In his interesting presentation of what goes on inside the haven of the diseased and afflicted he introduces several incidents that evidence the humanity with which the hospital may impress the patient, thereby giving him a sane, wholesome attitude toward the institution and its personnel in place of the time-honored attitude of suspicion, fear and resentment held by many.

FIFTY-FOURTH REPORT, GUEST HOSPITAL, DUDLEY, ENGLAND

This annual report ending with December 31, 1925, summarizes the work of the hospital and, among other things, states that the institution is free of debt for the first time in ten years. The hospital is wholly supported by voluntary contributions.

BOOKS RECEIVED

ANNALS OF THE PICKETT-THOMSON RESEARCH LABORATORY, St. Paul's Hospital, London. A 216 page book, well illustrated. Edited by D. Thomson, O.B.E., M.B., honorary director. Hanbury, Tomsett & Co., "Electric Press," London.

1. Paul B. Hoeber, Inc., New York, 1926.
2. Stratford Company, Boston, 1925.

To many patients this "dry" ginger ale is often doubly welcome

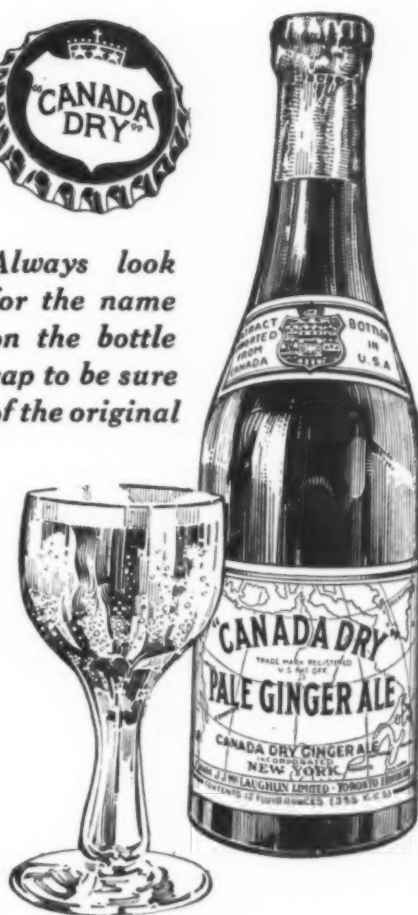
On countless occasions, patients turn away instinctively from sweet things, both liquid and solid.

At these times, a drink like "Canada Dry" is often double welcome because it is cooling, refreshing and dry in the sense that it is not sweet.

Many hospitals throughout the country having tested and proved the absolute purity and unvarying quality of "Canada Dry" serve and prescribe it continually. For this fine, old ginger ale, made from choice Jamaica ginger and entirely free from capsicum, never burns the tongue nor bites the lips. It is especially pleasing to patients who suffer from certain nervous disorders and in almost all convalescent cases.



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cap to be sure
of the original*



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NEWS OF THE HOSPITALS AND SANATORIUMS

The department of "News of the Hospitals and Sanatoriums" is prepared each month just prior to going to press, for the purpose of presenting the latest authentic news regarding hospital construction, changes in personnel, and other matters in which the hospital field is interested. So far as we can ascertain, the sources of our information, while not guaranteed, are reliable.

Arkansas

Col. T. S. Bratton, in command of the Army and Navy General Hospital, Hot Springs, recently stated that the loss was negligible when the small frame building housing the incinerator was destroyed.

Dr. A. C. Haney, Russellville, has recently occupied the new eye, ear, nose and throat hospital which was lately completed at that place. Dr. Haney, who built the hospital, will also have charge of its operation.

California

Open house was held recently by the Los Angeles Children's Hospital in commemoration of its establishment twenty-five years ago. Everyone visiting the hospital contributed a silver coin for the silver jubilee box. Of the 2,370 children cared for during the past year 1,053 were charity patients while 870 were part-pay patients.

Florida

The Sisters of Charity of St. Vincent de Paul are planning to establish a 200-bed hospital in Jacksonville.

The Lake County Medical Association has unanimously voted for the establishment of a hospital for the county. Taveres has been chosen as the place for the hospital.

A tentative plan for the new Winter Haven Hospital, Winter Haven, was recently presented to the physicians of the town by H. F. Hentz, architect, Atlanta, Ga. The building under consideration is to be three stories high and to contain about twenty-four beds.

A permit was recently issued for the construction of a \$1,129,000 municipal hospital on Davis Islands, near Tampa. The plans call for a six-story structure.

Georgia

Dr. Joseph R. Clemmons, assistant superintendent of the Macon Hospital, Macon, was recently named superintendent to succeed Dr. C. L. Ridley, resigned. The position of assistant superintendent will remain vacant, according to the trustees of the hospital.

A campaign for funds is being carried on for Georgia's new hospital for the Junior Order, United American Mechanics. The hospital is to be erected on a site on the south side of Atlanta. It is proposed to make an initial expenditure of \$150,000 in building the hospital and in addition to raise \$100,000 for endowment and maintenance.

The contract for the construction of a \$400,000 hospital for the Central of Georgia railroad, at Savannah, was recently awarded. Actual work on the new building

which will accommodate sixty-eight patients, will begin shortly.

Plans are being completed for the enlargement and improvement of Frances-Berrien Hospital, Rome, according to the owners of the institution. Besides extensive changes on the first floor of the present structure, a fireproof annex is to be added.

Illinois

L. C. Vonderheidt, former superintendent, John B. Murphy Memorial Hospital, Chicago, has been appointed superintendent of the West Suburban Hospital, Oak Park. His successor has not yet been appointed.

Work is progressing on the St. Mary's Hospital, East St. Louis, which is expected to be ready for occupancy July 1. The new building contains 300 rooms and wards.

The old Norwegian American Hospital, Chicago, has been razed for the purpose of replacing it with a new modern structure.

An addition is being planned to St. Joseph's Hospital, Breese. The building will have two stories, the first to contain two patients' rooms, a large and small operating room, a Sister's workroom, laboratory, and the second to contain four private rooms, chapel and sacristy. Victor Klutho, St. Louis, is the architect. A drive is to be carried on in all parts of Clinton County to raise the money needed for construction.

A memorial gift has been received by the University of Chicago, Chicago, by the will of the late Harriet G. Smith. Provision has been made in the will for the trustees to hold the money in trust for the university until it reaches the sum of \$500,000 when the contagious disease hospital, the Charles Gilbert Smith Memorial, will be built.

A sum of \$6,000 is to be raised for the purchase of property and the remodeling of the M. C. Wood home, Augusta, for the permanent residence of the Augusta Hospital.

At a recent dinner given by the mother superior and Sisters of St. Vincent Hospital, Taylorville, citizens approved the plan for a \$110,000 addition to the hospital. A campaign will be launched to secure funds to erect the forty-bed addition to the present hospital building which is handicapped by the lack of adequate facilities to take care of the numerous patients seeking admission.

Ralph M. Hueston, formerly superintendent of the Galesburg Cottage Hospital, Galesburg, has been appointed superintendent of the Austin Hospital, Chicago. He was succeeded at the Galesburg Hospital by Robert B. Witham, administrative assistant, U. S. Veterans' Hospital, Fort Lyon, Colo., where for the past four years he has had charge of personnel and finance. He has been in government service for thirteen years and holds a commission in the medical administrative corps, U. S. Army Reserve.

HOSPITAL NEEDS

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Indiana

A gift of \$40,000 has been received by St. Joseph's Hospital, Fort Wayne, from Frank Phillips to be used toward the construction of a maternity building. According to present plans the building will cost approximately \$250,000 but as yet the method of raising the remaining sum has not been determined. The new addition will not be erected for several years.

The Sisters of St. Francis, whose motherhouse is located at Lafayette, are planning the erection of a hospital in Albuquerque, N. M. Sister Xavaria, in charge of the plans for the proposed hospital, recently visited Albuquerque with a view toward selecting the probable site.

Arthur R. Baxter, chairman of the general committee directing the Indianapolis campaign to complete the building fund of the James Whitcomb Riley Hospital for Children, Indianapolis, recently announced that \$50,000 had been pledged to the fund, which brings the total of the Indianapolis district to \$325,000.

Contracts for improvements were lately let by the board of trustees of the Eastern Indiana Hospital for the Insane, Richmond, according to Dr. E. L. Ross, medical superintendent. It is planned to improve the electrical equipment of the institution which includes rewiring of all except two recently built wards which conform to modern standards.

Kentucky

Mrs. Lucas Combs, Lexington, recently donated a radio with twenty-five sets of head phones to the Good Samaritan Hospital, Lexington, in memory of her father, General Roger Williams, who was an enthusiastic radio fan.

A tag day is to be held, June 12 under the auspices of the Circle of Mercy of St. Elizabeth, Covington, for the purpose of liquidating the debt of the hospital.

The Good Samaritan Hospital, Lexington, is planning a four-story addition.

Maryland

Dr. J. Percy Wade, superintendent of the Spring Grove State Hospital, Catonsville, has announced that ground was broken on April 10 for the new Arthur D. Foster Psychopathic Diagnostic Clinic at the hospital. The new building will accommodate 250 patients and will be ready for occupancy in October, 1927.

A dance recital recently sponsored by the Children's Hospital Club, netted \$43 for the children's ward of the Emergency Hospital, Annapolis.

Commencement exercises of the Mercy Hospital School of Nursing, Baltimore, were held May 11, at the new auditorium. Twenty-eight nurses were graduated.

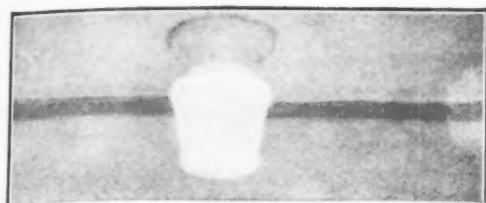
Massachusetts

A sum of \$750,000 has been appropriated for a maternity building at the Boston City Hospital, Boston, and \$250,000 has been appropriated for a research laboratory for the study of streptococcic infections. An out-patient building and x-ray laboratory have recently been completed.

Michigan

Judge Burton L. Hart, who was appointed chairman of the committee named to report on the enlargement project of the Emma L. Bixby Hospital, Adrian, has arranged a canvass of the city with the idea of securing the general sentiment of the community in regard to a proposed bond issue of \$100,000 for the institution's expansion.

The annex of St. Francis Hospital, Escanaba, was recently destroyed by a fire in the attic which was thought



now—a beautiful interior finish that *keeps out heat and cold, quiets noise . . .*

This remarkable heat-stopping lumber provides comfort and quiet in hospitals at little or no extra cost. Allows unique decorative effects.

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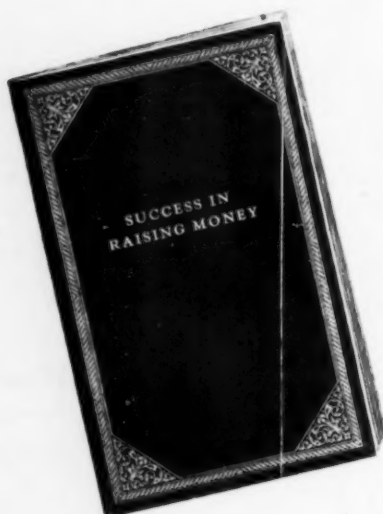
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Hospital.....

City..... State.....

Mod. Hosp. 8-26

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to have been caused by defective wiring. The loss has been estimated at \$10,000. It is hoped to replace the annex by a brick building.

Trustees of the Harper Hospital, Detroit, are raising what remains unsubscribed of the \$2,500,000 needed to build and equip the new 450-bed unit which will enlarge the capacity of the hospital to 650 beds. The new building will be devoted mainly to administrative and to private rooms.

The Oakland county board of supervisors recently authorized the preparation of contracts for the construction of the proposed new tuberculosis hospital at Pontiac. F. R. Patterson Co., Detroit, was awarded the construction work.

Minnesota

Mae Colton, Minneapolis, was recently chosen director of the training school and superintendent of nurses of the Colorado General Hospital, Denver, succeeding Martha Russell, resigned. Miss Colton was formerly in charge of the nurses' training school of the University of Minnesota as well as head of the Central School for Nurses, Minneapolis.

Mississippi

A \$20,000 nurses' home is being planned for the Charity Hospital, Jackson, according to a recent announcement of Dr. David Walley, superintendent. The state legislature has appropriated \$10,000 for the home and the remainder was donated. The portion of the hospital now used for nurses' quarters will be converted into maternity and children's wards.

Missouri

Plans have been drawn for a hospital at Washington, to be operated by the Sisters of St. Francis.

Missouri Odd Fellows plan to construct a hospital for members of the organization and their families. Definite plans have not yet been made but it is thought that the hospital will be located in the southeastern part of the state.

St. Mary's Hospital, Kansas City, recently announced a \$500,000 building program, to include a \$250,000 nurses' home with a capacity of 117 nurses, a boiler plant and a refrigerating plant and laundry to cost \$100,000 and additions to the hospital proper.

The crowded conditions at the City Hospital, St. Louis, are compelling the authorities at that institution to create another ward for the care of the male tuberculosis patients. By decreasing the size of the present occupational therapy department, at least twenty additional patients may be taken care of.

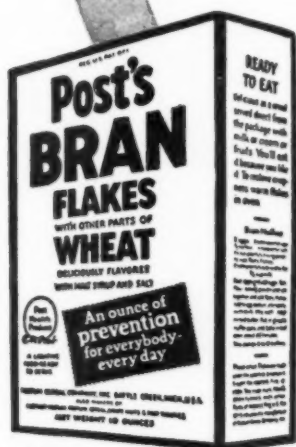
Nebraska

Dr. Ethel M. Laybourne is superintendent of the new Bryan Memorial Hospital, Lincoln, which was recently opened to the public. The new institution is owned by the Methodist Episcopal Church.

New Jersey

The maternity hospital and infanterium of the Warren Hospital, Phillipsburgh, has been left a \$5,000 trust fund by the will of Mrs. Mary A. S. Reese of Phillipsburgh. The income will be used for the establishment and maintenance of beds in the hospital for the care and treatment of deserving American-born persons who may be unable to pay fully for care and treatment.

The board of trustees of the Presbyterian Hospital, Newark, has appointed Charles F. Neergaard, New York, as consultant to prepare a program for the future expansion of the institution and to cooperate with Architects Sutton, Sutton and Caulkins, in designing the first



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units of the new 150-bed building for general and maternity service, out-patient department, new power house and service building.

The Rutherford Hospital Association has retained Charles F. Neergaard, hospital consultant, New York, to survey the community to determine whether or not a hospital is needed and whether funds should be raised to establish the new hospital on the site bequeathed to the town for that purpose eighteen years ago by H. R. Jackson.

St. John's Hospital, Brooklyn, is building a new memorial chapel, power house and an annex to the present hospital building.

Charles F. Neergaard, hospital consultant, recently announced the removal of his office to 512 Fifth Avenue, New York.

A small, one-story hospital is to be erected by the Du Pont Company at Deep Water, for the use of employees. The building will have two four-bed emergency wards and will include an x-ray room and a dental clinic.

The new children's ward at Barnert Memorial Hospital, Paterson, was recently opened. The ward, which provides facilities for eleven patients, is located on the top floor of the Broadway institution, occupying the quarters which formerly were given over to the nurses. The ward is completely outfitted for the needs of the younger patients.

New York

The Montefiore Hospital for Chronic Diseases, New York, announces the establishment of the Hilda Stich Strook Research Fellowship, with an honorarium of \$1,200 a year. The fellowship may be taken in the medical, neurologic, tuberculosis or cancer division.

The division of maternity, infancy and child hygiene of the New York State Department of Health, is planning a survey of unincorporated maternity homes in the United States.

Dr. Louis I. Harris, commissioner of health, and Dr. Bird S. Coler, commissioner of public welfare, New York, have arranged for the establishment of an admission bureau for tuberculosis hospitals and sanatoriums to simplify the admission procedures. The department of public welfare will conduct investigations into the economic conditions of the patients and the department of health will determine the medical treatment.

A \$100 plate dinner was recently held at Astor Hotel, Manhattan, to mark the anniversary of the opening of the Brownsville and East New York Hospital. The proceeds of the event have gone toward the completion of the nurses' home and training school now in the course of construction.

The New York City Cancer Institute has received \$10,000 by the will of Mrs. Annie Lendrock.

The Montefiore Hospital for Chronic Diseases, New York, has received \$1,000 by the late Supreme Court Justice, David Leventritt.

The National Vaudeville Artists of America have completed the purchase of fifty acres outside Saranac Lake, for the purpose of building a sanitarium and health resort for patients under the care of the sick and benefit fund of the organization.

Helen D. Weymouth has assumed the duties of superintendent of the Park Avenue Clinical Hospital, Rochester, where she will also be principal of the hospital's school of nursing.

Sol G. Rosenbaum, president of the Montefiore Hospital for Chronic Diseases, New York, at the forty-first annual meeting of the board of trustees, announced that \$1,300,000



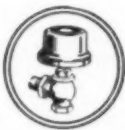
The Cost of Building A Hospital

OMITTING The Johnson System Of Temperature And Humidity Control when building a hospital, an addition or annex, will cost a great deal more than *including* it in the specifications. This cost of omission comes when the building is completed: *and stays as long as the building stands*. And that fact demands serious consideration. Without The Johnson System of Temperature Control 15 to 35 per cent more fuel than necessary will be wastefully consumed *every year*. With Johnson Control that money will be *saved* every year. And the first few years of such saving will pay for the installation: and check that annual *loss cost* ever after. The cost of building a hospital extends beyond the blue print stage. Estimate the *after value* of *Johnson Control* when drawing up plans and specifications.

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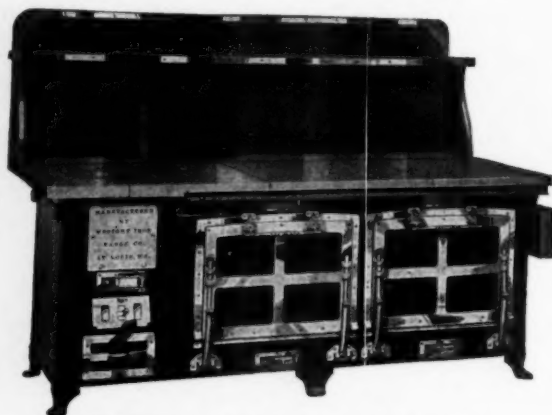


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has been subscribed to a building fund for a new country sanatorium in Bedford Hills.

The annual benefit for the tuberculous patients at Northwood Sanitarium, Saranac Lake, was given at the Manhattan Opera House, April 18. The sanitarium houses twenty-two patients.

Mayor James J. Walker, New York, has announced plans for remedying conditions existing in the psychopathic ward of the Bellevue Hospital with all of the municipal funds at his disposal. These plans are but the initial step in an attempt to remedy the hazardous condition of municipal hospital buildings, some of which are more than 100 years old.

Dr. Wiley Woodberry, director of the Fifth Avenue Hospital, New York, has been retained as consultant for the nurses' home to be erected on the grounds of the House of the Good Samaritan, Syracuse, N. Y.

May Dunn, a nurse at the City Hospital, Salamanca, was lately appointed superintendent of the hospital to succeed Margaret Smiley whose resignation became effective March 15.

Gustave S. Roth, president of the United Israel-Zion Hospital, Brooklyn, has announced that the new nurses' training school of the hospital was opened with a week's celebration which began May 9.

Construction of a new building for the Tuberculosis Sanatorium, Syracuse, will begin soon following the decision of the ways and means committee of the board of supervisors to finance the project by a twenty-year bond issue of \$415,000. The proposed 100-bed building will increase the capacity of the sanatorium to 268 beds.

An old building adjoining St. Peter's Hospital, Brooklyn, which has been used as a home for the aged poor, was recently purchased by the hospital as a site for an addition to the present hospital building. The present structure on the purchased site will be demolished to make way for the new addition.

The directors of the Glen Falls Hospital, Glen Falls, have decided to enlarge the nurses' home by the addition of a three-story building. The proposed structure will add thirteen beds to the nurses' quarters and will provide larger quarters for the county laboratory which has been located in the old building.

In order to secure sufficient funds to erect a new wing to St. Joseph Hospital, Far Rockaway, a membership drive for 3,000 new members is under way. The money secured through these memberships will allow the hospital to provide better and larger facilities where it is not handicapped because of lack of space.

North Carolina

Dr. John Donnelly, Charlotte, is the new superintendent of the Mecklenburg County Tuberculosis Sanatorium. For the past several years Dr. Donnelly has been in charge of the tuberculosis work in the county and city of Charlotte.

The Colwell Hospital Company of which Dr. Lester A. Colwell is president, has secured the property of the former Lincolnton Hospital, which will be remodeled and enlarged. Dr. Robert W. Petrie, Charlotte, will assume direction of the hospital June 1.

Sister Gertrude, former mother superior at St. Leo's Hospital, Greensboro, for seven years, has assumed the duties of superintendent of St. Mary's Hospital, Rochester, N. Y., succeeding Sister Catherine, who was transferred to St. Vincent's Infant Asylum, Baltimore.

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Note the convenient way in which Sanisorb is packed, each roll in a strong fibre container protecting the contents against soiling and damage and increasing the convenience in storing and handling.



The east wing of the State Hospital for the Insane at Dix Hill was completely destroyed by fire recently. The wing housed between 400 and 500 men who will, for the present, be cared for at the state prison. The damage is estimated at \$600,000. The fire started on the roof of the building but from what cause is not known.

North Dakota

Subscriptions have reached \$30,000 in the drive for \$50,000, as an aid to the Sisters of Mercy, toward establishing a hospital in Barnes County.

The new five-story addition to the Trinity Hospital, Jamestown, is expected to be ready for occupancy in July. The addition will contain fifty private rooms for patients and thirty service rooms. The hospital is in charge of the Sisters of St. Joseph.

Ohio

President Charles F. Wishart of Wooster College, Wooster, states that the college will soon have a hospital to be built from a fund of \$75,000, contributed by a donor whose name is withheld.

The Cherrington Hospital, Logan, has announced the establishment of a free health clinic which will be open one afternoon a week.

Plans for a new \$325,000 diagnostic laboratory for the Cleveland City Hospital, Cleveland, have been approved.

Dr. Herman M. Gunn, Philadelphia, has joined the staff of the New London Clinic and Hospital, New London.

The Charity Hospital, Cleveland, is conducting a campaign for \$1,500,000. The hospital has been in existence for sixty years. Besides several thousand solicitors, over a thousand policemen and 800 firemen are promoting the campaign.

Trustees of the Stillwater Sanatorium, Dayton, operated jointly as a tuberculosis hospital by Preble and Montgomery Counties, were recently instructed by commissioners of the two counties to prepare plans for doubling the capacity of the institution.

The McKittrick Hospital, Kenton, will soon begin a campaign to raise \$100,000 to perpetuate the hospital. The trustees of the hospital have named an executive committee to prepare the plans for the campaign.

Pennsylvania

The new State Hospital at Locust Mountain, near Shenandoah, was formally opened April 5. Dr. W. W. Holderman, surgeon-in-chief, who is in charge of the hospital, outlined the plans of operation, at the ceremonies.

A campaign for \$1,000,000 to enlarge, modernize and equip the Bryn Mawr Hospital, Bryn Mawr, will be launched the first week in June.

The Episcopal Hospital has received \$10,000 and the Homeopathic Hospital and Presbyterian Hospital, Pittsburgh, each \$5,000 by the will of the late John G. Carruth.

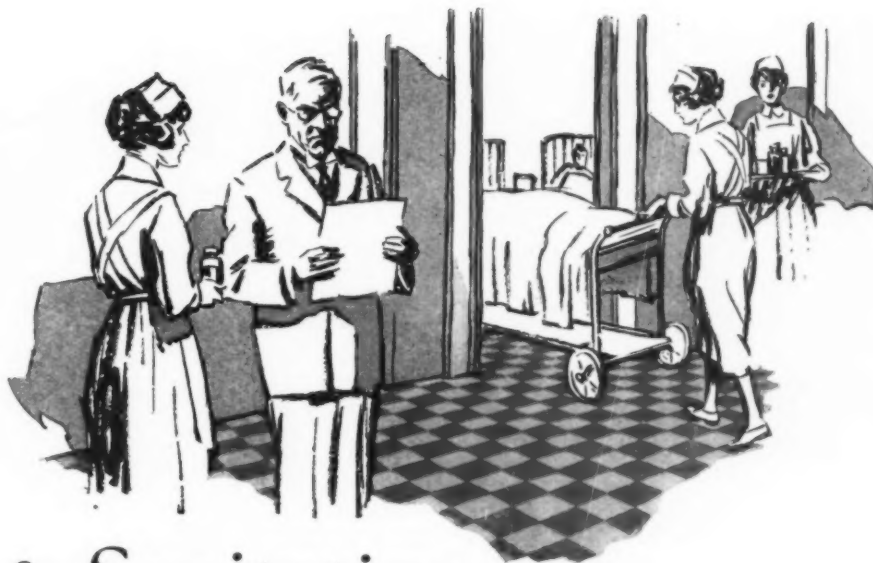
John Schreck, safety director of Erie, has called for bids for the construction of the newly proposed municipal hospital in that place.

Dr. Rush E. Castelaw has resigned as medical superintendent of the Williamsport Hospital, Williamsport.

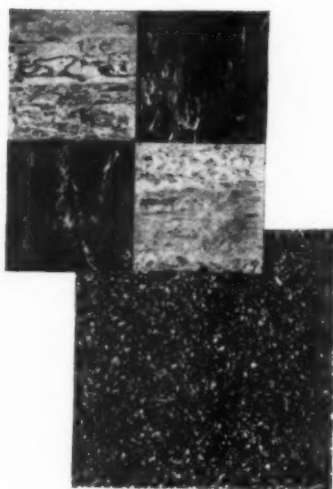
Dr. Castelaw will return to Kansas City, Mo., to take charge of the Wesley Hospital, of which he was formerly superintendent, to be reopened August 1, according to the announcement of Dr. J. A. Robertson.

West Virginia

Dr. Mortimer D. Cure, appointed superintendent of the Weston State Hospital, Weston, succeeding Dr. Cecil Denham, entered upon his duties at the Weston institution May 1.



*for Sanitation ~ ~ ~
for Restfulness ~ for Economy*



THE ideal flooring for the modern hospital is Goodrich Rubber Flooring.

Its primary advantage rests in its permanency. Its ability to wear is astonishing and its life is measured by many years.

Its smooth, non-porous texture can be kept perfectly clean and aseptic. Strong soaps or alkalies do not damage it. It is quiet and restful—patients are not annoyed with the daily tramp of feet and nurses are less fatigued when their work is done. For beauty of color and design it is unequalled.

Goodrich Rubber Flooring comes in rolls, not individual tiles. This means lower cost of installation and greater sanitation as 75% of the usual seams and joints which invite dirt and vermin do not exist.

*A wide choice of exquisite colors and patterns.
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Established 1870 Akron, Ohio

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THORNER'S Silver Service



Thorner's Silver Service is made of 18% Nickel Silver with a quadruple silver plate. Wears a lifetime. Replacement through breakage is forever eliminated. It is never affected by wear or polishing.

Illustration features Thorner's Improved Three Compartment Hot Water Plate. Tea Set with reinforced bands, hard metal hinges, Silver Soldered and one-piece unbreakable bottom. Covered Soup Cup with Silver Soldered handles. Sherbet Dish, Individual Bud Vase, Salt and Pepper Shakers, and Superior Grade Sectional Plate Flatware. Illustrations and estimates submitted upon request.

THORNER BROS.—Exhibit Booth 22
Catholic Hospital Association
June 14th to 17th inclusive
Loyola University Gymnasium
Chicago, Ill.

THORNER BROTHERS

Importers and Manufacturers of
Hospital and Surgical Supplies
386-390 Second Avenue
NEW YORK CITY

Trade News and Publications

Appointed Canadian Distributors.—Ingram and Bell, Ltd., of Toronto, Montreal and Calgary, have been appointed exclusive distributors in Canada of the products of the American Sterilizer Company, Erie, Pa.

Deshell Laboratories Move to Chicago.—In order to be better able to meet the demands for their products, the Deshell Laboratories have recently moved their headquarters from Los Angeles to Chicago. The Chicago plant has become the main plant, and the executive offices are also located in Chicago.

Graybar Fan Catalogue.—Graybar Electric Company, Inc., successors to the Supply Department of Western Electric, have recently prepared a booklet dealing with the several types of direct and alternating current circuit ventilating fans. The booklet treats the descriptive and operative specifications of wall bracket, desk and ceiling fans.

Alberene Stone.—A brochure prepared by the Alberene Stone Company, New York, has interestingly portrayed the history of their product from the time that work is begun in the quarries until the finished state is achieved. The thirty-page booklet is splendidly assembled, photographs of the work at the quarries and points of interest in the company town lend a human interest appeal to the opening pages. Methods of construction, typical installations in laboratories and standard specifications round out a well presented theme.

Guth Lighting Equipment.—Catalogue 15, prepared by the Edwin F. Guth Company, St. Louis, presents lighting equipment for hospital buildings as well as residences and commercial and public structures. Varied types of decorative equipment applicable to hospitals are included in the ninety-five pages of the booklet. For hospitals the company makes glazed porcelain enameled fixtures of all kinds. The comparative efficiency of various types of standard units is pictured through the use of graphs on the third cover of the catalogue.

Dahlstrom Metallic Door Company.—An eleven-section catalogue covering hollow metal doors and trim and architectural, builders' and manufacturers' shapes has been distributed by the Dahlstrom Metallic Door Company, New York. The sections cover such items as window casings, jambs, panel mouldings, picture moulding, cornices, channels, ornamental shapes, railway car shapes, pressed shapes, instrument panels and Dahlstrom standard construction of door styles and types.

Duraflex-A.—The Duraflex Company, Baltimore, has included numerous photographs of buildings where Duraflex is installed, and many letters from satisfied users of the product, in their new catalogue on Duraflex-A. A small booklet is included which describes in detail the care of Duraflex flooring.

The Principle and the Proof.—Kohler of Kohler, Wisconsin, has issued an attractively prepared catalogue describing the Kohler Automatic Electric Plant, suitable for

SCIALYTIC SHADOWLESS OPERATING LIGHTS



Famous Surgeons and Modern Hospitals recognize and endorse the Scialytic as the most efficient operating light. There is

No Shadow—No Heat—No Glare

Write for descriptive booklet

B.B.T. CORPORATION OF AMERICA

ATLANTIC
BUILDING



PHILADELPHIA
PENNA.



All Pattersons Are Alike

Fluoroscopic diagnosis is standardized, so far as screens are concerned. Nearly one hundred per cent of the Fluoroscopic screens in use are Pattersons.

In passing from office to office, hospital to hospital, the consulting diagnostician makes no allowances for individual screen peculiarities. Patterson Fluoroscopic Screens have none. All are alike. All glow with the same brilliancy when rayed, regardless of age. All are equally free from afterglow.

Patterson
X-RAY
Screens

PATTERSON SCREEN COMPANY
Dept. MH TOWANDA, PENN.

use in the home and small institutions. Specification data for 800 watt, 1500 watt, and 200 watt, 110 volt plants are included in the catalogue.

The Betzco Line for 1926.—Frank S. Betz Company, Hammond, Ind., manufacturers of hospital, physicians' and surgeons' equipment and supplies, have issued the 1926 catalogue which offers items of nearly every nature for use in the field of hospitals and medicine. Instruments, gowns, furniture, cabinets, wheel chairs, and laboratory supplies are a few of the many items listed in the catalogue.

Color Safe.—Procter and Gamble Distributing Co., Cincinnati, makers of Ivory Soap, has recently issued "Colors Safe," a broadside dealing with Olive Suds, a new preparation which will not fade colored goods during washing.

Heggie-Simplex.—The Heggie-Simplex Boiler Co., the heating boiler division of James G. Heggie & Sons, Joliet, Ill., have issued catalogue 26, which treats the specifications of direct draft, steam and hot water heating boilers. The adaptability of their boilers to oil heating is also explained.

Change Address of Chicago Office.—The Stedman Products Company has removed its Chicago office from 343 South Dearborn street to Suite 1310 Tribune Tower.

Sunkist Fruit Juice Extractor.—The department of fresh fruit drinks of the California Fruit Growers Exchange, Chicago, has recently issued a broadside describing the Sunkist Fruit Juice Extractor. The broadside is especially intended for distribution in hospitals and allied institutions, five leading questions concerning the use of the product being asked and answered. The extractor is pictured in detail with each part specifically described.

Vorclone Opens San Francisco Office.—The Vorclone Company, manufacturers of low temperature drying tumblers, recently announced the opening of a branch office at 461 Market Street, San Francisco. The branch will be managed by A. O. Skinkle, who has been long associated with laundry and dry cleaning circles on the Pacific Coast.

New Offices for C. A. Dunham Co.—C. A. Dunham Co., manufacturers of the Dunham System of heating, Chicago, have recently moved the administrative and general offices from their old location into the new Dunham Building, 450 East Ohio Street.

Range Co. Affiliates With Albert Pick.—The John Van Range Company, Cincinnati, manufacturers of kitchen equipment for more than fifty years, has been purchased by Albert Pick & Co., Chicago, the two companies becoming affiliated on May 15. The affiliation also includes L. Barth & Company, Inc., New York, an associate company of Albert Pick & Co. There will be no change in the management of the Van Range Co., although plans are under way for the immediate construction of a new manufacturing plant.

Hunter Fans.—The Hunter Fan and Motor Co., Fulton, N. Y., has described the ornamental ceiling fan, the combination lighting fixture and ceiling fan and the adjustable blade fan in their folder, Hunter Fans, which was recently prepared. The adjustable blade fan allows the blades to be set while the fan is in motion so that air currents may be blown either up or down, thus eliminating the direct downward draft where unwanted.

Pelton Electrical Equipment.—The Pelton & Crane Company, Detroit, manufacturers of departmental and clinical equipment, have devoted the pages of Catalogue G to a description of electrical sterilizers, compressed air equipment and fittings, porcelain furnace equipment and illumination equipment, articles which they have been manufacturing since 1900.

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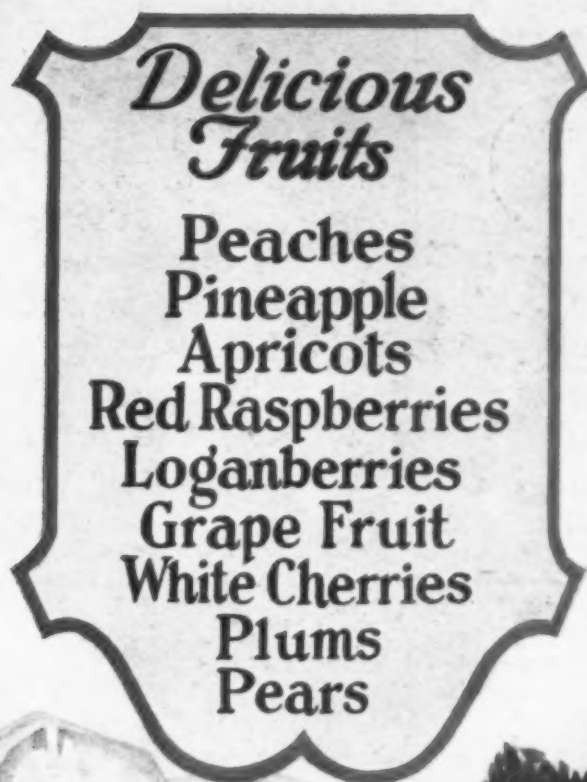
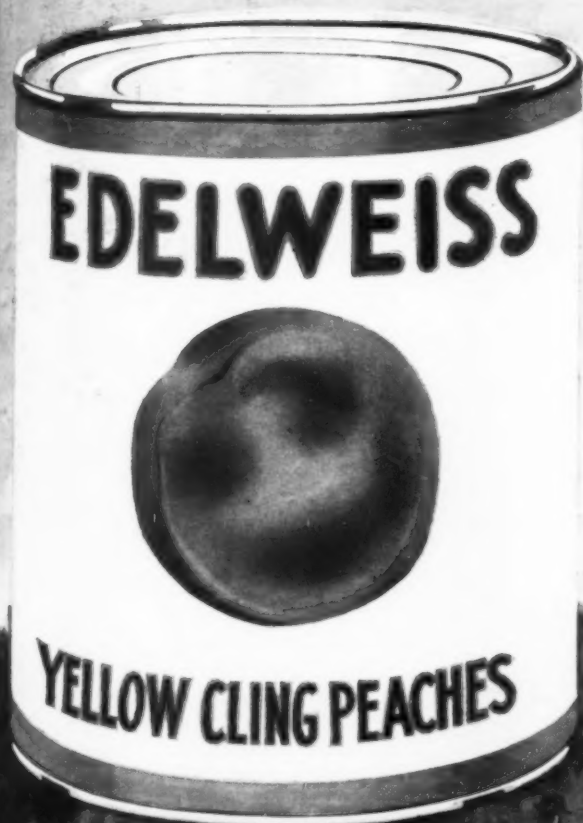
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JOHN SEXTON & Co.
ESTABLISHED 1883
• **WHOLESALE GROCERS** •
CHICAGO



Order Now!

HIGHEST quality canned foods at the lowest market price is our promise to all who place orders now for fall delivery. Though the demand to date for this service is unparalleled, there is yet time for your reservation, if you act without delay.

Forty-three years of knowing how to buy, what to buy and when to buy, are summed up in the Sexton future contract plan. During the time that we have accepted such advance orders we have never failed to make full delivery at the time and at the price specified. In years of shortage as well as in years of plenty, our promise has been kept down to the last case.

Why worry? Why try to out-guess the market? Order now and be sure.

John Sexton & Company
CHICAGO

* We Pay the Freight

Our contracts for Canned Foods for Fall delivery are shipped from these 15 strategic shipping points, which enable us to deliver our products to you at a minimum cost.

Back Again!

for Health's Sake



*Pure Malt
and Hops!*



PABST EXTRACT

The "Best" Tonic

For complete index of advertisements refer to the Classified Directory

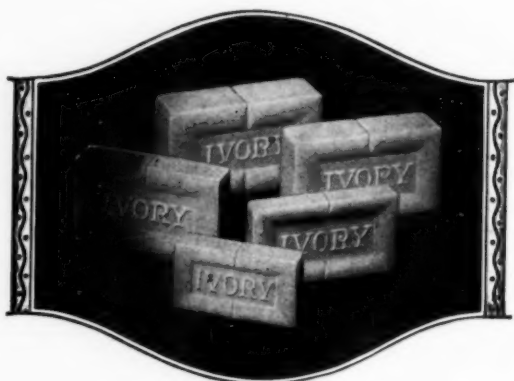
PABST EXTRACT, the "Best"

Tonic—with an alcoholic content of 3½% — is back again, at your service. In recognition of the need for a pure, medicinal malt tonic the United States Government has authorized the sale of this famous, health- and - strength - producing tonic. Thousands of leading physicians recognize the medicinal qualities of the "Best" Tonic and are prescribing it for convalescents, nursing mothers, tired and nervous men and women.

You can prescribe Pabst Malt Extract of today with the same confidence that you prescribed this tonic of old. Sold by druggists everywhere.

PABST CORPORATION
(Tonic Division)
MILWAUKEE WISCONSIN

[NOW—3½% alcoholic
content. Authorized
by Government permit.]



Let the "Specialist" Diagnose This Case

It is estimated that in the last five years no less than ten million people have made this highly original remark: "We live in an age of specialists."

Apparently there's no doubt about it. And this being the case, we wish to talk to you about a particular kind of specialism.

We are soap specialists—have been for at least three generations. Nearly half a century ago we produced the first cake of Ivory Soap, best known for its 99 44/100% purity.

Without question, Ivory is as fine as soap can be. No other

soap ever has been so carefully made. No other soap ever has attempted to maintain a degree of purity equal to Ivory's. It is known to be the ideal soap for safe, gentle cleansing.

Ivory's superlative qualities have made it the most popular home soap in America. We have every reason to believe that these same qualities justify its being considered the ideal soap for hospital use.

As soap specialists, we feel qualified to diagnose the case of the modern hospital and we unhesitatingly "indicate" Ivory for your every cleansing purpose.

MINIATURE IVORY

For hygienic reasons, the miniature sizes of Ivory Soap are particularly suited to hospital needs. These range from the one-half ounce cake to one of three ounces—five sizes in all. Write us for a sample cake of each size.

Procter & Gamble
Cincinnati, O.

Cream Suds Powder—

*an antidote for
inexperienced help
in the
hospital laundry*

In any organization the employment of inexperienced help presents a difficult problem. This is particularly true in the hospital laundry where often it is necessary to use workers untrained in modern washroom methods. (We can almost hear hospital superintendents saying "Aye, aye, sir" to this.)

Good soap alone can not insure good laundry work. But, good soap, reasonably good methods and supervision make a combination hard to beat.

Cream Suds in the washroom has made it possible for many hospitals to turn out satisfactory

work even with inexperienced help. First of all it is a scientifically built soap. It comes to you as a finished product. It needs no preliminary building—the thing that causes more trouble and grief than perhaps any other thing in the washroom.

As for the quality of work that Cream Suds produces you need but a trial barrel to convince you that here is a soap with detergent properties second to none. It is economical. It works quickly. It is free-rinsing. It keeps fabrics from becoming gray. And last but not least, it is so easy on fabrics that it materially lengthens their useful life.

We urge you to give Cream Suds a thorough trial in your laundry. We are convinced that your original order will be the first of many.

Procter & Gamble
Cincinnati, O.

BRANCHES

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WANT ADVERTISEMENTS

Positions Wanted · Positions Open · Schools of Instructions ·
Business and Professional Opportunities

All advertisements for this department are placed under appropriate classifications. The cost is eight cents (8c) a word, with a minimum charge of \$2.00 for twenty-five words, key or address to be included in the twenty-five words. Ten per cent discount will be allowed for cash with order.

To insure insertion in the forthcoming issue, copy must be received at the Chicago office of The MODERN HOSPITAL not later than the 15th of the month preceding date of issue.

When desired, advertisements may have a "key" signature, care of this office. No charge will be made for forwarding replies.

POSITIONS WANTED

ANESTHETIST—Lakeside graduate; qualified in all anesthesia; several years' experience. Her references say: "Particularly well fitted for anesthesia"; "energetic and capable"; "at all times careful, observant, keeps constant and gratifying watch on her patients"; patients like her"; "well prepared professionally." 217, Medical Bureau, 822, Marshall Field Annex Building, Chicago.

ANESTHETIST—Two years' experience in ether, nitrous oxide and ethylene; best of references furnished. Available immediately. Address M.F.-644, THE MODERN HOSPITAL.

ANESTHETIST—Experienced, ethylene, nitrous oxide, ether; A1 references. Would combine operating room or record keeping; salary \$150 to start. Address M.F.-632, THE MODERN HOSPITAL.

ANESTHETIST—Anesthetist, R. N., several years' experience in all kinds of anesthesia, desires position in class A hospital or with group of surgeons. Unquestionable references. New York City, Philadelphia or vicinity preferred. Address M.E.-528, THE MODERN HOSPITAL.

ASSISTANT SUPERINTENDENT—Young man having six years' clerical hospital experience wants position of assistant to superintendent of 200 to 400-bed hospital. Address M.E.-520, THE MODERN HOSPITAL.

ASSISTANT SUPERINTENDENT—Position desired by non-medical man, 40 years, married, experienced in business management, heat, light and power, buildings, laundry, ambulances, etc. Address M.D.-424, THE MODERN HOSPITAL.

CHEF-STEWARD—15 years' experience, desires position in hospital up to 300-bed capacity. Thoroughly capable of purchasing supplies and superintending kitchen and help. References. Address M.F.-656, THE MODERN HOSPITAL.

DIETITIAN—B.S., Carnegie Institute; post-graduate work, Columbia; ten years' experience in private and municipal hospitals; has specialized in administrative work; age 35. 222, Medical Bureau, 822, Marshall Field Annex Building, Chicago.

DIETITIAN—Experienced dietitian desires position in class A hospital. Will consider nothing under 200 beds. Address M.E.-544, THE MODERN HOSPITAL.

DIETITIAN—Graduate dietitian, experience in four hospitals also two years' hotel dining room management, desires full control of food service in hospital. Locality preference, Northern California. Address M.E.-558, THE MODERN HOSPITAL.

DIETITIAN—Graduate dietitian desires position; available July first. Address M.F.-630, THE MODERN HOSPITAL.

DIETITIAN—College graduate, with B. S. degree and six months' training in Indiana University Hospital, desires position. Available July first. Address M.F.-610, THE MODERN HOSPITAL.

DIETITIAN—Registered nurse, graduate dietitian with B. S. degree, home economics and one year's experience, desires position as dietitian. Address M.F.-612, THE MODERN HOSPITAL.

DIETITIAN—Experienced dietitian desires change. Address M.F.-622, THE MODERN HOSPITAL.

DIETITIAN—Dietitian desires position in class A hospital. Qualified to assume full charge of dietary department and to instruct student nurses. Eastern hospital preferred. Address M.F.-638, THE MODERN HOSPITAL.

DIETITIAN-HOUSEKEEPER—Position wanted as dietitian housekeeper; good manager and economical buyer. Western location preferred. Address M.F.-604, THE MODERN HOSPITAL.

DIETITIANS—(a) B.S., Stout Institute; has recently completed a four months' student course; recommended as "reliable and dependable"; "serious, dignified type"; "excellent judgment"; "methodical"; "conscientious"; "excellent worker." (b) B.S., Wisconsin; student course, Michael Reese Hospital; seven years' hospital experience, age 27; recommended as "an excellent dietitian"; "quick and capable"; "splendid personality—pleasing appearance"; "an asset to any institution"; "excellent in special diets." 224, Medical Bureau, 822, Marshall Field Annex Building, Chicago.

ENGINEER—Licensed engineer, eleven years' experience, desires position in hospital from 50 to 100 beds. Middle west preferred. Good credentials; available June first. Address M.F.-600, THE MODERN HOSPITAL.

POSITIONS WANTED—Continued

EXECUTIVES—Two graduate nurses, thoroughly qualified as executives, wish positions in the same hospital. Miss A. would like a superintendency or superintendency of nurses. She is 44; eleven years' administrative experience; recommended as "an untiring worker"; "good disciplinarian"; "exceptionally capable executive." Miss B. would like to assist Miss A. Her age is 41; six years' executive experience; recommended as "a very strong executive"; "an excellent instructress." 225, Medical Bureau, 822, Marshall Field Annex Building, Chicago.

HOSPITAL POSITION—Situation wanted by male, 50, as hospital steward, pharmacist, assistant clinician, hydrotherapist, dietist or physical overseer; strictly temperate. Available June 15th. Address M.F.-618, THE MODERN HOSPITAL.

HOUSEKEEPER—Experienced, hospitable housekeeper desires position. Available May first; best references furnished. Location preferred, Mountains, North Carolina, New York State or Pennsylvania. Address M.E.-516, THE MODERN HOSPITAL.

INDUSTRIAL POSITION OR ASSISTANT TO SURGEON—Experienced registered nurse desires supervision of first aid station in large manufacturing plant or office nurse to surgeon. Minimum salary considered, \$150. Available for duty September first. Eastern part of Pennsylvania or State of New Jersey preferred. Address M.E.-566, THE MODERN HOSPITAL.

INSTRUCTOR—Instructor, also experienced as superintendent and superintendent of nurses, desires position vicinity New York City, Washington or Baltimore. Graduate of well known hospital; post-graduate Columbia University. Address M.E.-512, THE MODERN HOSPITAL.

INSTRUCTOR—Wanted by registered nurse instructor with experience two to four hours' daily classroom work in a school with pleasant living conditions. Address M.F.-660, THE MODERN HOSPITAL.

INSTRUCTOR—Registered nurse, experienced as instructor and principal, desires position as instructor of school of nursing. Position preferred in middle west or west. Address M.F.-616, THE MODERN HOSPITAL.

INSTRUCTOR—Position wanted in the west or southwest as instructor. Experienced. Address M.F.-602, THE MODERN HOSPITAL.

INSTRUCTOR OR ASSISTANT SUPERINTENDENT—Graduate of an eastern hospital; post-graduate work at Columbia; six years, instructor; two years, superintendent of small hospital; marked ability. 219, Medical Bureau, 822, Marshall Field Annex Building, Chicago.

NURSE—Registered nurse, qualified physiotherapist, desires to open office and receive work of group of physicians. West or South preferred. Address M.E.-504, THE MODERN HOSPITAL.

OBSTETRICAL SUPERVISOR—Situation wanted by registered nurse as obstetrical supervisor; graduate of university training school; two years' experience. Salary, \$125 per month and maintenance; available July first; will go anywhere. Address M.F.-620, THE MODERN HOSPITAL.

PATHOLOGIST—Pathologist desires to establish at her own expense and manage the clinical laboratory of a new hospital or group of physicians, or to take over the management of laboratory already established, on commission basis. Applicant is a graduate physician with six years' full time, successful laboratory experience. Not interested in x-ray. Best of reasons for changing location. Address M.F.-628, THE MODERN HOSPITAL.

PHARMACIST—Woman graduate, registered, experienced in hospital work, desires position in first class hospital. State salary, hours and particulars. Address M.E.-560, THE MODERN HOSPITAL.

PHYSIOTHERAPIST—Physiotherapist and x-ray technician with best references seeks position in hospital or with physician. F. B., Apt 2-E, 620 West 172nd St., New York City.

PRINCIPAL—Position wanted as principal of training school or instructor. Experienced. Ohio preferred. Address M.E.-502, THE MODERN HOSPITAL.

SECRETARY AND OFFICER MANAGER physicians; registered nurse; ten years' experience; available for permanent position, Pacific Coast preferred. Familiar with records and histories; post-graduate in surgery; age 45. No. 981 Aznoe's Central Registry for Nurses, 30 North Michigan, Chicago.

SUPERINTENDENT—Position wanted by non-medical man, 40 years, married, now assistant superintendent. Address M.D.-426, THE MODERN HOSPITAL.

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Standardized forms *versus* special printing

When you buy specially printed forms you pay for special composition and costly short runs. When you purchase standardized hospital forms, you gain the advantage of the quantity production of forms devised by authorities.

It has been demonstrated that there is an authoritative standardized record to take the place of any of your special forms. The several series listed here cover every department. Ask for samples and compare them with the forms you are now using.

Our Publications Include:

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Where special forms are absolutely necessary, we provide an intelligent service in making them up for you. We have a department for that purpose. Long contact with the hospital field has made us acquainted with its needs, thus assuring you of a service which the non-specialist cannot render.

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NURSES PLACED IN HOSPITALS

Move Up!

There's always room at the top for climbers. Remember that, ponder it, when you are hampered—when opportunity seems far-distant and discouragement lurks doggedly at your heels.

Success has no secret formula. Opportunity, plus knowledge and experience in the things you like to do, plus the willingness to serve at whatever cost, plus the right amount of determination, and you will move up above the obstacles that now look insurmountable.

The opportunity for greater service is here—easily obtainable. Let Aznoe's, *Opportunity Headquarters*, place you where you belong, as it has placed thousands of superintendents, accredited nurses, Class A physicians, dietitians, and laboratory technicians. Many of them have reached the top. Others are moving up. Many more good opportunities are waiting. Grasp one of them!

Superintendents! Write us any confidential details regarding present or future vacancies in absolute confidence.

Nurses, Dietitians! File your application at Opportunity Headquarters without delay. Write for our new booklet, "Interesting Facts about Nurses and Dietitians."

Aznoe's

Central Registry for Nurses
National Physicians' Exchange
30 North Michigan, Chicago

Established 1896

MEMBER OF THE CHICAGO ASSOCIATION OF COMMERCE

HOSPITALS SUPPLIED WITH NURSES

WANT ADVERTISEMENTS, Continued

POSITIONS WANTED—Continued

SUPERINTENDENT—Non-medical man with business training and hospital experience wants superintendency in hospital of moderate size. Can assume duties on short notice. Address M.E.-532, THE MODERN HOSPITAL.

SUPERINTENDENT—Layman; twelve years' hospital administrative experience; well informed on all details of hospital organization and construction; experienced as hospital consultant and organizer. 220, Medical Bureau, 822 Marshall Field Annex Building, Chicago.

SUPERINTENDENT—A Canadian; educated in New York; graduate of a Michigan hospital (accredited); for the past nine years, superintendent of a seventy-five bed hospital. Her board writes: "Qualified to fill a much better position than this hospital offers"; "experienced and especially well qualified for executive position in good-sized hospital"; "always dependable"; "hard worker"; "admirable character"; "strong personality." 216, Medical Bureau, 822, Marshall Field Annex Building, Chicago.

SUPERINTENDENT—Position as superintendent in medium size institution or assistant in large wanted by registered graduate nurse with general training and psychiatric experience; teacher's college training; willing to do some teaching. Address M.F.-636, THE MODERN HOSPITAL.

SUPERINTENDENT—Superintendency of standardized 100-bed hospital wanted by registered nurse of wide experience; executive ability; good financier, 15 years' experience in hospital work. Address M.F.-624, THE MODERN HOSPITAL.

SUPERINTENDENT—R. N. with executive ability desires superintendency of 100-150 bed hospital. Graduate of school having course in hospital administration; available September first. Address M.F.-634, THE MODERN HOSPITAL.

SUPERINTENDENT—Christian man of executive ability, supervising building construction and all mechanical work, raising funds and etc. Salary, second consideration; no objection to location, south or west preferred. Address M.F.-608, THE MODERN HOSPITAL.

SUPERINTENDENT—Layman, single, twelve years' experience; six years with two large hospitals, New York City, organization, building and equipment. Hospital in need of reorganization preferred. Address M.F.-640, THE MODERN HOSPITAL.

SUPERINTENDENT—Graduate registered nurse desires position as superintendent of small hospital or assistant in large hospital. Experienced; state full particulars. Address M.F.-652, THE MODERN HOSPITAL.

SUPERINTENDENT—Position as superintendent for 50 to 100-bed hospital or assistant superintendent in large progressive hospital desired. Special course and experience in hospital management. Address M.F.-650, THE MODERN HOSPITAL.

SUPERINTENDENT—Superintendency of medium-sized hospital wanted by registered nurse with a knowledge of all branches of hospital work; good financier. Address M.F.-648, THE MODERN HOSPITAL.

SUPERINTENDENT—Graduate nurse with excellent experience and ability desires superintendency of medium-sized hospital or as superintendent of nurses in a larger institution. Registered in Pennsylvania, New York and Michigan. Ten years' administrative experience. Have held present position in large city institution for past six years. At liberty August 16. Address M.F.-646, THE MODERN HOSPITAL.

SUPERINTENDENT—Woman with exceptional training and ability, many years' experience, wishes superintendency of medium-sized hospital. Eastern Registry for Nurses, Hartford, Conn.

SUPERINTENDENT—(a) Layman, college and business education, several years' experience in hospital administration, desires institutional connection; available now. (b) Business manager or purchasing agent, five years' experience, desires institutional appointment; excellent credentials. (c) Superintendent, graduate nurse with educational qualifications and business ability, several years' experience, desires superintendency of medium-sized hospital; excellent credentials. (d) Superintendent of nurses, well qualified in training school administration, desires change of location. (e) Instructor, graduate, university hospital, B.A. and M.A. degrees, Columbia University, desires connection with large school preferably university affiliation. (f) Instructor, graduate large western hospital, one year Columbia University, desires western location. (g) Historian, several years experience, desires appointment. (h) Technician, laboratory, completing course; open for engagement July 1. Interstate Physicians and Hospital Bureau, 332 Bulkley Building, Cleveland, Ohio.

SUPERINTENDENT—Registered nurse, with ten years' executive experience, at present employed, desires position as superintendent of hospital or school in class A hospital of not less than 100 beds. New York, Pennsylvania or Florida preferred; salary not less than \$2400 considered. Address M.E.-546, THE MODERN HOSPITAL.

SUPERINTENDENT—Position as superintendent of 50 to 100-bed hospital or assistant superintendent in larger institution wanted. Special training in executive work; experienced. Address M.E.-554, THE MODERN HOSPITAL.

SUPERINTENDENT—Superintendency wanted by experienced, competent hospital executive (man). Highly successful in financing and organizing. Open for early engagement. Address M.E.-535, THE MODERN HOSPITAL.

POSITIONS WANTED—Continued

SUPERINTENDENT—An experienced executive, college graduate; eight years, charge of hospitals with exceptional record as financier; is free for appointment in June. Registered New York State. Address M.F.-658, THE MODERN HOSPITAL.

SUPERINTENDENT OR SUPERINTENDENT OF NURSES—College graduate; excellent hospital training; ten years' experience as executive in small hospitals; managed a 50-bed hospital for five years; recommended as "industrial"; "capable"; "excellent executive"; "splendid disciplinarian"; "a woman of high ideals." 218, Medical Bureau, 822, Marshall Field Annex Building, Chicago.

SUPERINTENDENT OF NURSES—(a) Tuberculosis institution only. American, Baptist, R. N. Virginia, age 36. Ten years' executive experience; very fine. (b) Pennsylvania R. N., age 41; five years in present hospital, desires change, Pennsylvania or New England. \$150 and maintenance. (c) Canadian, registered New York, Michigan; New York trained, post-graduate work obstetrics and operating room work, available now. Superior woman. No. 969 Aznoe's Central Registry for Nurses, 30 North Michigan, Chicago.

SUPERINTENDENT OF NURSES—Registered nurse; competent. Ten years training school experience; best of references. Address M.F.-626, THE MODERN HOSPITAL.

SUPERINTENDENT OF NURSES—Position wanted by experienced, registered nurse with teachers' college training. Address M. F.-614, THE MODERN HOSPITAL.

SUPERINTENDENT OF NURSES—Graduate nurse, registered in the states of New York and Ohio, desires position as superintendent of nurses, or superintendency of hospital. Available July 15. New York, New Jersey or Ohio preferred. Address M.F.-664, THE MODERN HOSPITAL.

SUPERVISOR—Wanted by graduated registered nurse a position of supervisor of nurses in small hospital or training school or assistant in large training school in or near New York City. Address M.F.-606, THE MODERN HOSPITAL.

SUPERVISORS—(a) Registered in Minnesota and New York; age 30; three years, supervisor of surgical pavilion, 1600-bed hospital. (b) Registered in Montana and Illinois; Lying-in training; age 29, two years, obstetrical supervisor, 100-bed hospital. (c) Registered in Iowa; four years, floor supervisor, 100-bed hospital; age 28. (d) Registered in New York; ten years, night supervising for past several years, night superintendent, 300-bed hospital; age 38. 221, Medical Bureau, 822, Marshall Field Annex Building, Chicago.

TECHNICIAN—Two years' college training; eight years' experience; qualified in blood chemistry, tissues and basal metabolism; available immediately. 214, Medical Bureau, 822, Marshall Field Annex Building, Chicago.

TECHNICIAN—X-ray technician and clinical laboratory worker, 42, single, desires position. Twelve years' experience; independent worker; can take full charge. Address M.F.-654, THE MODERN HOSPITAL.

TECHNICIAN—Competent, reliable laboratory technician; bacteriologist wishes to change climate for health reasons; prefer Colorado or California, but will consider any other location of similar climate. Address M.E.-526, THE MODERN HOSPITAL.

TECHNICIAN—Position wanted by young lady, graduate technician; three years' experience in all routine laboratory work; references. Address M.E.-518, THE MODERN HOSPITAL.

TECHNICIAN—Position as technician wanted by registered nurse with three years' experience in general laboratory work, including blood chemistry; middle west preferred. Address M.E.-500, THE MODERN HOSPITAL.

POSITIONS OPEN

ANESTHETIST—Fine location on Great Lakes; good salary. Prefer one who is capable of doing routine laboratory work. Eastern Registry for Nurses, Hartford, Conn.

ANESTHETIST AND X-RAY nurse wanted who is experienced in both these lines in private hospital. State your experiences, age and expected salary in first letter. Address M.E.-509, THE MODERN HOSPITAL.

ANESTHETISTS—(a) 50-bed hospital, Lake Michigan resort town. \$100 and maintenance. If able to do routine laboratory work, urinalysis, blood counts, sputums \$50 additional. (b) 120-bed hospital near Lake Michigan, \$100 and maintenance. Illinois registration essential. No. 966 Aznoe's Central Registry for Nurses, 30 North Michigan, Chicago.

ANESTHETISTS—(a) Very fine hospital in middlewest has opening for experienced anesthetist; averaging 100 anesthetics monthly; \$125-\$140, maintenance. (b) Famous medical clinic is looking for anesthetist who will assist doctors with examinations when not busy in operating room; interesting position with congenial surroundings; \$125, maintenance. 204, Medical Bureau, 822, Marshall Field Annex Building, Chicago.

ANESTHETISTS—Graduate nurses wanted to learn anesthesia in four months. Excellent opportunity to increase earnings. Write for particulars. Washington Park Hospital, 437 East 60th St., Chicago, Ill.

If you will write, we'll help you find the employees you want

If you need a physician, a nurse, a superintendent, a dietitian, a specialist—any one at all—write your needs in a letter to us and we'll help you fill your needs exactly as you want.

THESE PEOPLE WANT POSITIONS

Bacteriologist

Young man, 27; M.D.; Doctor of Philosophy in Bacteriology; three years' research work in Bacteriology; two years in charge of laboratory. A thinker, eager, able, likeable.

Laboratory Technician

Young woman who works well with her fellows; good appearance and decidedly good personality; industrious; thinks for herself; dependable; 4 years' college; 5 years in hospital clinical laboratory. Sounds like the "technician" you want, doesn't it?

Superintendent of Nurses Instructress

Wants position on west coast, preferably southern California. Speaks Chinese and Spanish. Possesses marked executive ability and is an excellent nurse. Fine, pleasing, personality. Has a record of achievement. Wants position, beginning September 1st, paying \$150.00 and maintenance.

Dietitian

"They say" that she has a most pleasing personality and that her ability is unusually high; an asset to any institution. She possesses a B.S. degree and approximately four years as chief dietitian in well known hospitals. Here is ability not often found.

Superintendent or Supt. of Nurses

"Quick, accurate, intelligent and one of the most competent nurses I ever had to assist me." That is the noteworthy praise given a woman with eleven years' experience as superintendent of nurses. All her references spoke with equal emphasis.

Assistant Dietitian

Here is a young woman with poise, pleasing manner, even disposition, well educated, and already successful. Her associates like her and believe in her. A find for you.

Superintendent

Here is experience that has produced energetic ability. She prefers the task of opening a new hospital. She is neat, likable, an executive and a leader, industrious and brainy. Her experience has been comprehensive. You can scarcely ask more.

Anaesthetist

Willing; alert; industrious; understands the need for team work; good appearance. Exceptional education. We believe she will go far and do splendid work.

ALL OF THESE AND MANY MORE HAVE PASSED RIGID SCRUTINY. WE BELIEVE YOU WILL FIND THEM ABLE AND DEPENDABLE. TELL US YOUR NEEDS.



M. Burneice Larson

DIRECTOR THE MEDICAL BUREAU

Write to The Medical Bureau whenever you need men and women who can do the tasks of a hospital in the dependable fashion that you know is right.

You'll find, (or we'll help you find) men and women who measure squarely to your required qualifications.

Their statements, their credentials and their references are always considered and weighed carefully. As near as it is possible for us to determine, each man and woman listed is of unquestioned integrity, able to do all and more than we tell you they can do.

If you need a nurse or nurses, a superintendent, a dietitian, specialists,—any one at all or complete personnel for a new hospital—write your needs in a letter to us and we'll help you find the exact persons you need. Probably we know them now.

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MEDICAL BUREAU

822 Marshall Field Annex Building
25 EAST WASHINGTON STREET
CHICAGO, ILL.



THESE POSITIONS ARE OPEN

Technician

Send your photograph and an outline of your experience and capabilities if you want a position in a Nebraska Clinic. They require a good technician for routine laboratory work, blood chemistry and autogenous vaccine work.

Assistant Superintendent

Sanatorium of 125 beds with training school of 70 pupils, in central California, wants assistant superintendent who can keep in touch with patients, make rounds with doctors and supervise the nursing department.

Anaesthetist-Technician

In Michigan hospital. \$150.00 with complete maintenance if you can do routine laboratory work including urinalysis (chemical and microscopical), blood counts and sputums. For just anaesthesia the salary is \$100.00 plus maintenance. They prefer the experienced anaesthetist.

Instructress of Nurses

In Colorado, in the mountains, in a fine town—a hospital wants a sympathetic, personable woman with leadership and instruction ability. Prefer a woman with some college work and some experience in organizing a training school.

X-Ray and Laboratory Technician

\$100.00 monthly, plus maintenance, with an increase now or later if and when you are worth it. Fifty-bed hospital in Tennessee. Beautiful town.

Superintendent of Nurses

In the south, a large 300-bed hospital with approximately 100 nurses wants a superintendent. Hospital is growing and you will have a remarkable opportunity to grow with it. The climate is lovely. The hospital is famous. You'll like it.

Two Technicians

Hospital in Indiana prefers women for two positions. You must be well trained in blood chemistry with knowledge of bacteriology and serology. Also, you must understand basal metabolism. Exceptional opportunity.

Floor Supervisor

\$110.00 monthly. One month vacation with pay at the end of a year of service. In the capital of a southern state. Non-sectarian. 120 beds. A real opportunity.

THESE POSITIONS AND HUNDREDS OF OTHERS SIMILAR ARE OPEN NOW. THEY ARE BEING FILLED CONSTANTLY. SEND FOR REGISTRATION BLANK.



WANT ADVERTISEMENTS, Continued

POSITIONS OPEN—Continued

DIETITIANS—With experience, qualified to take complete charge of the dietary department, the purchase of food supplies, instruction of students in hospitals of 100 and 150 beds; location, New York State, Pennsylvania, Ohio, Iowa, Michigan. Interstate Physicians and Hospital Bureau, 332 Bulkley Building, Cleveland, Ohio.

DIETITIAN-HOUSEKEEPER—(a) Dietitian-housekeeper who is good cook; state institution for mental defectives, mostly children, \$80 and maintenance. (b) Dietitian-housekeeper to take charge housekeeping and do part of dietary executive work. Private general hospital, 40 beds, southeast. No. 967 Aznoe's Central Registry for Nurses, 30 North Michigan, Chicago.

DIRECTRESS OF NURSES—Directress of nurses wanted for up-to-date growing moderate size hospital. City population, 50,000. Give experience, school, religion and salary expected in first letter. Address M.F.-605, THE MODERN HOSPITAL.

DIRECTRESS OF NURSES—Position of directress of nurses open in medium sized hospital in midwest on June fifteenth. Class A hospital, with accredited training school. Building comparatively new and completely equipped. Good opportunity for advancement. Address M.F.-615, THE MODERN HOSPITAL.

FLOOR SUPERVISOR—50-bed hospital, Midwest. Eastern Registry for Nurses, Hartford, Conn.

GENERAL DUTY NURSES \$90 and maintenance (a) Day duty, some surgery; 20-bed hospital near Lake Erie. (b) Two for 40-bed New Jersey hospital near New York City. (c) Day duty, 50-bed general hospital, South. No. 965, Aznoe's Central Registry for Nurses, 30 North Michigan, Chicago.

GENERAL DUTY NURSES—Two nurses wanted for 50-bed accredited hospital in midwest. Salary \$125 per month. Eastern Registry for Nurses, Hartford, Conn.

HEAD NURSE—Tuberculosis sanatorium of 50 beds; splendidly equipped; new nurses' home; best of private quarters will be provided; \$125, maintenance. 209, Medical Bureau, 822, Marshall Field Annex Building, Chicago.

HEAD NURSE—Well trained, experienced, for children's ward of large hospital in Cleveland; also general duty nurses. Central Committee on Nursing, 2157 Euclid Avenue, Cleveland, Ohio. (Member Welfare Federation.)

HOSPITAL POSITIONS—Wanted: T. B. nurse for general duty, high-class southern sanatorium, \$85.00 and maintenance for eight hour duty. Surgical supervisor for excellent industrial hospital, Oklahoma, \$100.00 and maintenance. Supt. of nurses, 200-bed hospital, southern metropolis, \$175.00, maintenance. Instructress, 90-bed hospital, Chicago suburb, \$150.00, maintenance. Surgical nurse for Kansas City, \$100.00, maintenance. Night supervisor for Texas hospital of 50 beds, \$95.00, maintenance. Hughes Professional Exchange, 401 Gates Bldg., Kansas City, Mo.

INSTRUCTOR—Instructor wanted by September 1. School of 45 students connected with 100-bed modern hospital. Salary, \$135.00 per month and maintenance. Southern woman preferred. State age, preparation and experience in first letter. Address M.F.-625, THE MODERN HOSPITAL.

INSTRUCTORS—(a) Eastern city; 400-bed general hospital; splendid location; \$150, maintenance. (b) Midwest; one of the country's foremost children's hospitals; special work in pediatrics required; substantial salary. (c) Florida; very fine hospital, 40 students; theoretical work only; must have university degree; \$150, maintenance. 202, Medical Bureau, 822, Marshall Field Annex Building, Chicago.

INSTRUCTRESS—With educational qualifications and teaching ability in well organized schools for nurses. Location—New Jersey, Pennsylvania, Ohio, Kentucky, Carolina, Iowa, Indiana, Illinois. Interstate Physicians & Hospital Bureau, 332 Bulkley Building, Cleveland, Ohio.

INSTRUCTRESS—Nurse having had practical teaching experience, also B. S. degree, large school middle west, all high school graduates. Only experienced instructress need apply. State experience, age, religion and nationality. Good salary, good home. Address M.F.-601, THE MODERN HOSPITAL.

NURSE—Well qualified operating room nurse wanted to take charge of Cystoscopic Department. In replying state training, experience, etc. also salary expected. Address M.F.-607, THE MODERN HOSPITAL.

NURSES—(a) Three general duty nurses; 40-bed hospital; comfortable nurses' home with full home privileges; midwest; \$100, maintenance. (b) Several graduate nurses interested in neuropsychiatric nursing; eight hour day; six day week; \$90, maintenance. 226, Medical Bureau, 822 Marshall Field Annex Building, Chicago.

NURSES—(a) General duty nurse who will combine some surgery with regular duties; small hospital located about two hours' ride from middle west metropolis; \$125, maintenance. (b) Two general duty nurses; New York registration required; medium-sized hospital; vicinity New York City; \$100, maintenance. (c) Night duty nurse for delivery room and, also, two day duty nurses; hospital of excellent standing; attractive salaries; congenial surrounding; Chicago. (d) General floor duty nurse; tuberculosis sanatorium, urban location; \$95, maintenance. 207, Medical Bureau, 822, Marshall Field Annex Building, Chicago.

POSITIONS OPEN—Continued

NURSE—Well qualified graduate nurse wanted to take charge of floor in private pavilion. In replying kindly state experience, salary expected, etc. Address M.F.-609, THE MODERN HOSPITAL.

NURSES—Graduate nurse for general duty in 100-bed children's hospital in Chicago. \$85.00 and maintenance. Address M.F.-621, THE MODERN HOSPITAL.

NURSES—Two well qualified graduate nurses wanted to assist in the operating room. Apply stating experience, qualifications, salary expected, etc. to Superintendent of Nurses, the Mount Sinai Hospital School of Nursing, 1 East 100th Street, New York City.

NURSES—Floor duty nurses wanted at the University Hospital, Ann Arbor, Michigan. Salary \$90 per month with full maintenance. Applicants must be eligible for registration in Michigan. For further information write Director of Nursing, stating qualifications and experience.

NURSES—Graduate nurses wanted for general duty. Apply to Superintendent of Nurses, City Hospital, Scranton Road, Cleveland, Ohio.

NURSES—Registered nurses experienced in care of psychiatric patients wanted, salary \$90.00 month with maintenance. Address Medical Director and Supt., National Military Home, Indiana.

OPERATING ROOM SUPERVISOR—Operating room supervisor and night supervisor wanted for 125-bed hospital. Attractive location, food and living conditions good; western Pennsylvania. Address M.F.-603, THE MODERN HOSPITAL.

OPERATING ROOM SUPERVISOR—Wanted for class A hospital in New Jersey. Please state particulars in first letter including salary and when available. Address M.F.-611, THE MODERN HOSPITAL.

PHYSICIAN—The City of Chester, Pa. offers an ideal opening for a young doctor, and I have provided a doctor's suite in my new Ann Arbor apartments, fine location. Address Fred P. Peel, Chester, Pa.

SALESMAN

One familiar with hospital and institution trade wanted. Commission basis. Permanent connection. Exclusive territory. Exceptional opportunity for high class man. None other will be considered. Address with full particulars

SALISBURY & SATTERLEE COMPANY
Manufacturers, Hospital and Institution Beds
and Special Hospital Equipment
Minneapolis, Minnesota

SALESMAN—Salesman now calling on hospitals and physicians wanted to carry as side line highly endorsed food specialty. Excellent commission. Vitamin Food Co., Inc., Westfield, Mass.

WANTED—SALESMAN

Present force earn from \$200 to \$1,500 monthly. Permanent position as salesman, with exclusive territory, for man of energy, integrity and ability. Requires three weeks training, your expense, after which we grant drawing account. Address full particulars about yourself to:

H. G. FISCHER & COMPANY
Manufacturers and Distributors of
X-ray and Physiotherapeutic Equipment.
2333-43 Wabansia Avenue, Chicago.

SALESMEN—One of the oldest metal bedstead manufacturers desires salesmen for hospital furniture. Only men of high reputation need apply. Address M.F.-613, THE MODERN HOSPITAL.

WANTED—SALESMEN

We offer profitable commissions (Coffee, Tea, Spices) to salesmen in Metropolitan territory, handling non-conflicting lines.

B. FISCHER & COMPANY, INC.,
Importers
190 Franklin St., New York City.

SUPERINTENDENT—Experienced medical administrator wanted for central Pennsylvania 250-bed hospital. Working and living conditions excellent. Address M.E.-501, THE MODERN HOSPITAL.

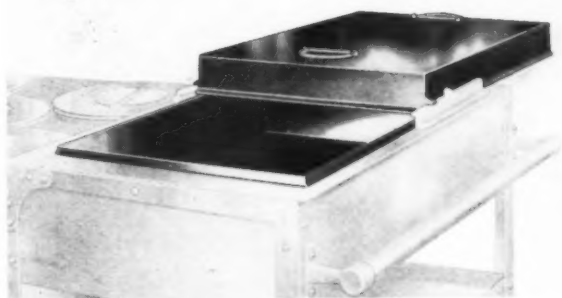
SUPERINTENDENT OF NURSES—Standardized hospital; 125 beds; midwest metropolis; experienced executive required; substantial starting salary with exceptional opportunity for advancement. 203, Medical Bureau, 822, Marshall Field Annex Building, Chicago.

SUPERINTENDENT OF NURSES—With educational qualifications and executive ability to meet the demands of a 350-bed general hospital, 200 students—very desirable connection. Mid-western location. Interstate Physicians & Hospital Bureau, 332 Bulkley Building, Cleveland, Ohio.

SUPERVISOR—Night supervisor wanted for delightful location on New England coast. Also for class A hospital in large city in Connecticut. Eastern Registry for Nurses, Hartford, Conn.

Cool food service* this summer will increase the efficiency of your hospital

★Cool service! Don't overlook this feature of Ideal Conveyors. By keeping cool, those in charge of food service are able to do better work. No steam tables giving off heat. No unnecessary head of steam to be kept up on hot days. No overheated diet kitchens.



Tray is 17 inches wide, 27½ inches long and 8¼ inches deep.

All Ideals retain the temperature of the food **without artificial heat.** Cut the cost of service. Deliver food with its original freshness.

Models for all sizes and types of hospitals. Write for 1926 catalog. Over 500 hospitals all over the world use Ideals.

The new Ideal meat tray. Orders prove that this is just what was wanted. Designed especially for the service of meats, escalloped dishes, puddings, custards and the like.

Heavily insulated sides, bottom and cover. Sliding action of cover permits quick and quiet service, with little loss of heat. May be had on Models 5-A and 5-B.

It is a feature of the new Model 8-A. This conveyor is specifically designed for the service of 30 to 40 patients. Has four 3-quart compartments and one 8½ quart compartment.

THE SWARTZBAUGH MFG. CO.
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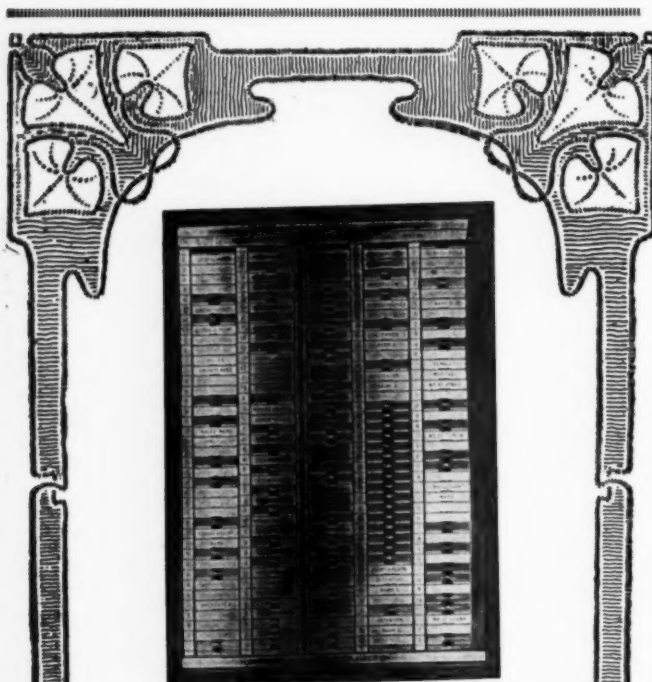
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The human mind has not yet attained that point of efficiency where it can be relied upon to retain, accurately and consistently, the thousand and one details entering into the daily routine of hospital operation.

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YEAR BOOK—
6th Edition — Pages
284, 462, 757 to 762

WANT ADVERTISEMENTS

POSITIONS OPEN—Continued

SUPERVISOR—Operating room supervisor wanted for well equipped hospital in middle west. Salary \$125 per month. Eastern Registry for Nurses, Hartford, Conn.

SUPERVISOR—(a) Operating room supervisor wanted for busy 365-bed hospital. Must be registered in New York State; have had at least three years' experience as operating room supervisor. Salary to start, \$135 with maintenance. (b) Practical instructress and second assistant to directress. Must be experienced teacher and disciplinarian. Address Post Office Box 84, Station B, Brooklyn, N. Y.

SUPERVISOR—Competent assistant surgical supervisor wanted in class A general non-sectarian hospital. Salary, \$100 per month and maintenance. Give age, religion and reference in first letter. Address M.-E.509, THE MODERN HOSPITAL.

SUPERVISOR—Competent surgical supervisor wanted in class A non-sectarian general hospital, averaging 130 operations per month. Must come well recommended and be good executive. Give full particulars as to age, religion, etc., amount of salary expected and references in first letter. Address M.E.-507, THE MODERN HOSPITAL.

SUPERVISORS—(a) Surgical supervisor for emergency and out-patient department of new 300-bed hospital centrally located in the middle west; excellent living conditions; splendid connection; salary will be sufficient to secure thorough qualified person. (b) Operating room supervisor; 100-bed hospital in the southwest; eight-hour day; very desirable position; minimum \$125, maintenance. 201, Medical Bureau, 822, Marshall Field Annex Building, Chicago.

SUPERVISORS—(a) A famous university hospital needs supervisors for its pediatric department; positions offer attractive salaries with unusual opportunity for advancement. (b) Well known hospital in Florida has opening for competent floor supervisor; splendid location; \$140, maintenance. 205, Medical Bureau, 822, Marshall Field Annex Building, Chicago.

SUPERVISORS—(a) Night supervisor; 300-bed hospital located in residential section of southern metropolis; famous as a winter resort; \$125, maintenance. (b) Night supervisor; nicely equipped hospital located in vicinity of the nation's capital; congenial surroundings; salary entirely adequate. 206, Medical Bureau, 822, Marshall Field Annex Building, Chicago.

SUPERVISORS—(a) Obstetrical supervisor; nicely equipped hospital of 100 beds beautifully located in southern metropolis; experienced person required; \$140, maintenance. (b) Obstetrical supervisor; standardized hospital; 250 beds; midwestern metropolis; at least \$125, maintenance. (c) Surgical supervisor; accredited hospital; New York City; post-graduate training preferred; \$150, maintenance. 208, Medical Bureau, 822, Marshall Field Annex Building, Chicago.

SUPERVISORS—(a) Graduate nurses, day and night, with experience and executive ability, capable of assuming charge of Medical, Surgical, and Maternity Floor; excellent living conditions and salary. Location, New York, Pennsylvania, Ohio, Illinois, Indiana, Texas, Oklahoma, Kentucky, Michigan. (b) Operating room supervisors qualified in surgical technic, in class A hospitals, capacity 100 to 300 beds, Oklahoma, Ohio, Michigan, Iowa, New Jersey, Kentucky. (c) Assistant supervisor, 250-bed hospital, Ohio. Interstate Physicians & Hospital Bureau, 332 Bulkley Building, Cleveland, Ohio.

SURGICAL SUPERVISORS—(a) California 50-bed general hospital; \$130 maintenance for capable executive, well trained. (b) Pacific Coast state hospital, 150 beds, averages 10 operations daily; \$125 maintenance. (c) Large city near Mississippi River, 90-bed new hospital; \$95 to \$100 and maintenance for Protestant of high character. No. 968 Aznoe's Central Registry for Nurses, 30 North Michigan, Chicago.

TECHNICIAN—Technician wanted for laboratory and x-ray work in 50-bed hospital. Salary \$125.00 per month and board. Apply Chairman, Hospital, Box 222, Swift Current, Sask., Canada.

TECHNICIAN—(a) Laboratory and x-ray, qualified in blood chemistry, basal metabolism and routine work; hospitals, 75, 100, 150 beds. Location, New York, Tennessee, New Jersey, Ohio, Pennsylvania. (b) Physiotherapist for orthopedic department in 350-bed hospital; must be competent in massage and gymnastics. Interstate Physicians & Hospital Bureau, 332 Bulkley Building, Cleveland, Ohio.

TECHNICIANS—(a) Laboratory technician qualified in anesthesia also; medium-sized hospital located in well known summer resort town; midwestern; \$150, maintenance. (b) Experienced x-ray and laboratory technician for 125-bed hospital in the northwest; living conditions excellent; \$125, maintenance. 200, Medical Bureau, 822, Marshall Field Annex Building, Chicago.

SCHOOLS, SPECIAL INSTRUCTION, ETC.

THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL offers post-graduate courses for registered nurses; lectures, demonstrations and directed experience in operating room management, x-ray technic and other specialized departments. Certificates granted at the end of course. For information apply Directress of Nurses, 346 West 50th Street, New York City, N. Y.

CROUSE-IRVING HOSPITAL, Registered School of Nursing, Syracuse, N. Y.—200 beds—Two-year course, leading to R.N. degree, High school graduates only accepted. Eight hour day, six day week, one month vacation yearly.

Delicious Hot Toast

-without fuss or bother!

YOU know the value of good, hot, crisp toast in the diet. You also know the time and trouble and waste incurred in making it the usual way.

But do you know that there is an automatic electric toaster now in use in hundreds of the leading hospitals

—which enables them to make crisp, tender, evenly browned toast in any quantity, without having to tend the toast at all?

—which makes it possible always to serve the toast piping hot?

—which automatically makes toast for the next patient while one patient is being served?

—which saves the time and waste of having ever to scrape or re-toast the bread?

—which makes the toast at less cost than with gas?

This Machine is called the TOASTMASTER Automatic Electric Toaster. Because of its patented automatic mechanism, and an adjustable timing feature, any kind of bread, fresh or dry, can be toasted to just the right degree—without watching, without burning.

Toast pops up when done and current automatically shuts off. Oven heat of toaster keeps toast hot until served.

Make toast-making a simple, easy matter. Improve service. Please your patients. Equip your hospital with one or several TOASTMASTERS. Write for full information.

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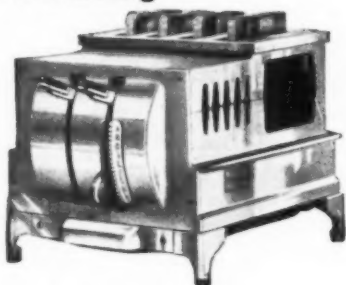
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The 4-slice Toastmaster for the diet kitchen. There is also a 12-slice size for the main kitchen.

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(Continued on Page 112)

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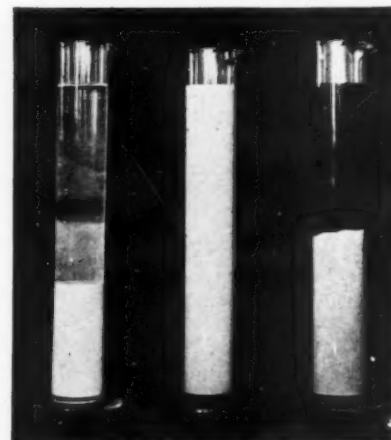
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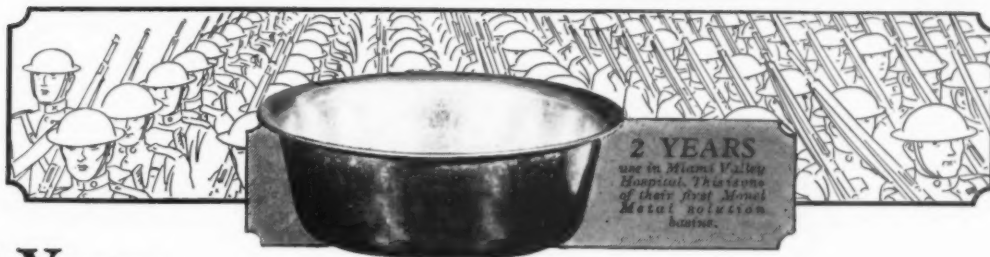
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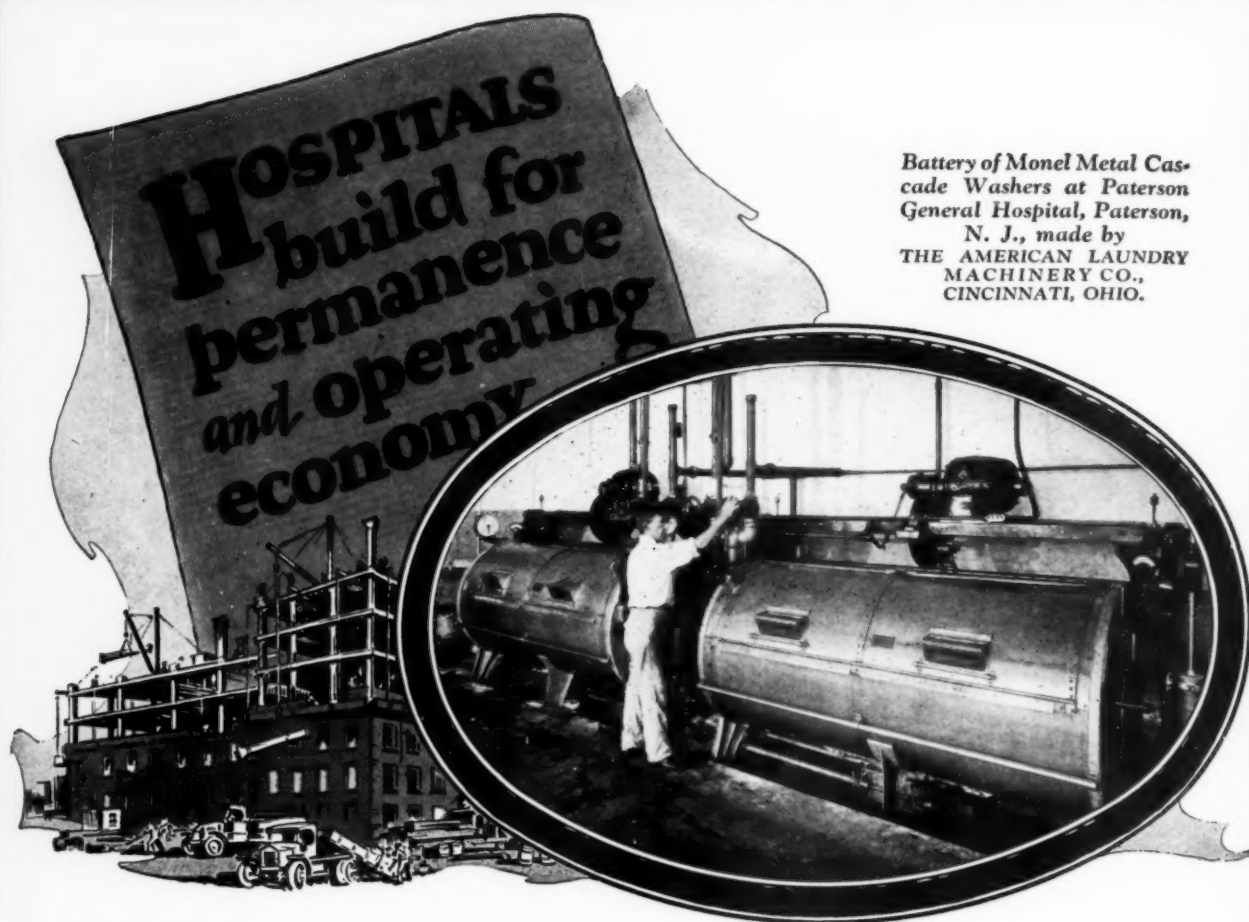
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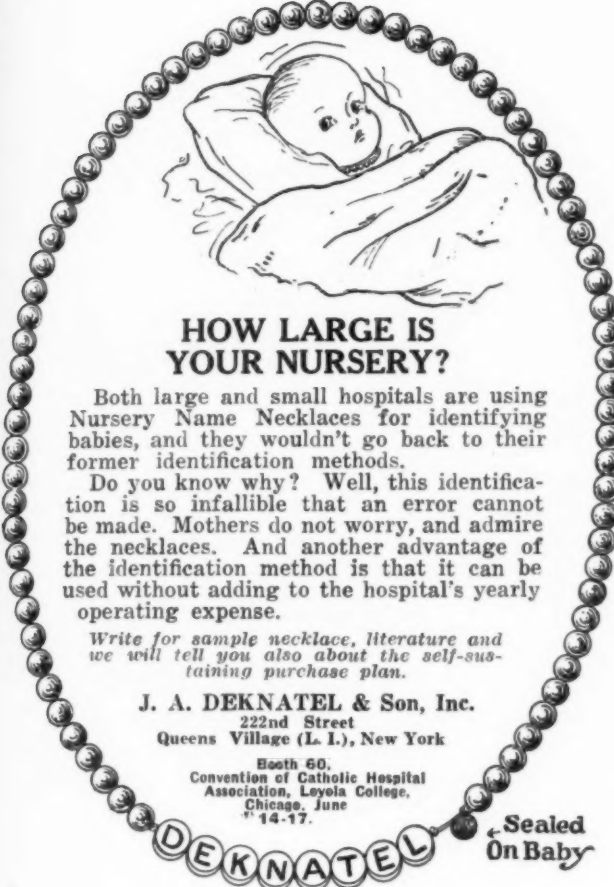
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Cadet fingered gloves in sizes 7, 7½ and 8 only.

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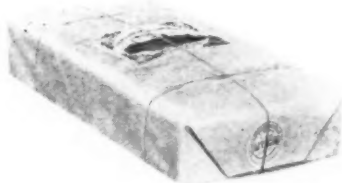


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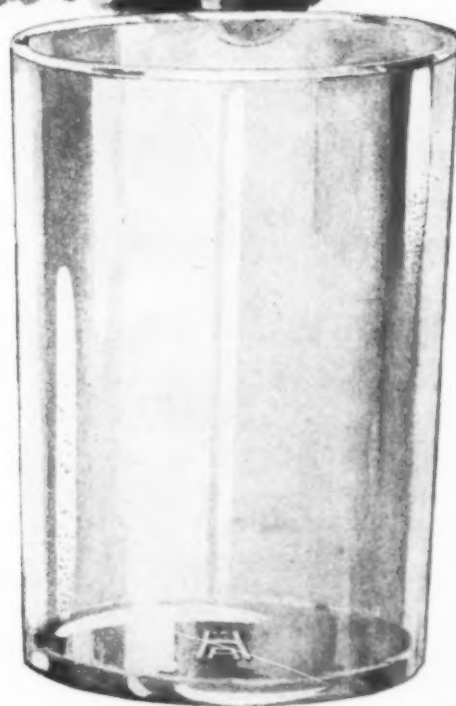
A Smile in Every Glass

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HAZEL-ATLAS GLASS CO.

Wheeling, W. Va.

For Sale By All Leading Glassware Supply Houses



All Sizes and Styles



**Leading Hospitals Use
DIM-A-LAMPS**

They have learned that Dim-A-Lamps add tremendously to their patients' comfort and convenience, by means of controlled light. Two styles No. 45 clamp-type, and No. 46 stand-type; made in three finishes, Brass, Bronze and Ivory. Saves current. Both styles will be sent you for a demonstration. Specify finish desired. See for yourself the comfort of an electric light that can be turned up or down. Five stages of light from bright to dark. Write now.

WIRT COMPANY
GERMANTOWN PHILADELPHIA

DIM-A-LAMP



**WRITE FOR
SPECIAL
DEMONSTRATION
OFFER.
2 LAMPS
SENT ON
APPROVAL**

RIXSON
FRICITION HINGE



ELIMINATES SLAMMING

For use on Room Doors and
Inswinging Windows

Circular upon request.

THE OSCAR C. RIXSON CO.
4450 CARROLL AVE. CHICAGO, ILLINOIS
NEW YORK OFFICE, 101 PARK AVE, N. Y.

Baker Rewireable Screens



BAKER EQUIPT
U. S. VETERANS
HOSPITALS

Augusta, Ga.

Ft. Thomas, Ky.

Jefferson Barracks,
Mo.

Tuskegee, Ala.

Philadelphia, Pa.

*fitted with Famous
Jersey Copper Wire
Screen Cloth*

THE combination of the Baker Screen Frame cold rolled from heavy basic steel, and the famous fine mesh Jersey Copper Wire Screen Cloth makes Baker Rewireables the best screens you can purchase.

Year after year, Baker Screens, reinforced with a $\frac{1}{4}$ inch steel rod which encircles the entire frame, hold their shape without distortion and slide easily in the guides.

They are insect proof and exclude dust, yet give a maximum of unobstructed vision. "Keep insects out—let in the light" is the Baker slogan. An installation of Baker's is a permanent economy.

Write for prices and specifications

THE W. J. BAKER COMPANY

1029 Saratoga Street

Newport, Ky.



**Ballou
Built
Baskets**

Removable Body Canvas Truck,
10 Bushel Size, Fig. 66.

Are the standard of QUALITY

THEY outlast other makes and with much less repair expense. "There's a Reason" because the bottom support is built like a bridge, with Flat Galvanized Steel Truss Work, instead of thin board cleats riveted to the hardwood runners. This truss-work outlasts the basket, and saves the cost of renewal of the wood bottoms, amounting to from \$30 to \$50 per dozen. Open Baskets, Trucks and Covered Hampers furnished.

We also make a large line of Woven Splint and Bamboo Baskets for varied uses. We can meet your Basket requirements.

BALLOU BASKETS give 100% service.

M. E. BALLOU & SON

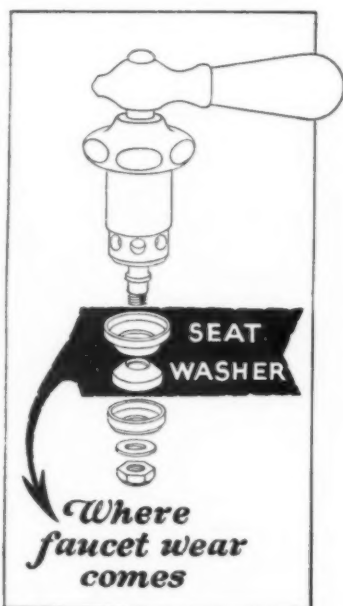
22 River St.

Becket, Mass.



Do you tolerate leaking faucets?

Why?



Between the *washer* and the *seat*. In Chicago Faucets *both* are renewable. Either can be replaced in a few minutes. At the cost of a few cents. There is never any wear at all on the fixture itself. This is the whole secret of the *everlasting life* of Chicago Faucets. You're through with faucet trouble when you install them.

A leaking faucet is a slovenly thing. It is also a nerve-racking nuisance in any building. But worse still, it is a faucet that is *rapidly wearing out*. Leaks are costly and destructive.

Chicago Faucets have the advantage of being as nearly leak-proof as any faucets can be made. And even when a leak *does* come, it can be repaired by any one in a minute or two. Simply remove the working unit and replace either of the only two wearing parts—*seat or washer*. The whole operation is as easy as replacing a burned-out light bulb.

Chicago Faucets can never wear out because all wear is confined to washer and seat—and *both are replaceable*. The cost of such a replacement is only a few cents.

Freedom from leaks, and freedom from trouble and expense of constant replacements of entire fixtures are Chicago Faucet advantages that you cannot afford to overlook.

The experience of others with Chicago Faucets will convince you that our claims are not the least bit exaggerated. Write for literature and a cut-out sample showing *everlasting* unit construction.

THE CHICAGO FAUCET CO.
2700-22 N. Crawford Ave., Chicago

CHICAGO FAUCETS

KEWANEE

Steel Boilers

Size Is Important

You can make a boiler do the work of a larger one by "pushing" it. *But it is uneconomical to do so.* The more a boiler is pushed the less heat you get from each pound of your fuel.

The generous size of Kewanee Boilers makes this costly "rapid firing" unnecessary, because they will produce the steam guaranteed by their rated capacities without being pushed.

KEWANEE BOILER COMPANY

KEWANEE, ILLS.

Branches in most of the Leading Cities



Makeshifts are always mistakes, but architects make no mistake when they specify

HASLETT ALUMINUM SOILED LINEN CHUTES

[A Wilkinson invention]

BECAUSE:

They are **Sanitary, Rustless, Everlasting** and their price is remarkably low for a permanent investment.

For Information Write

Haslett Chute & Conveyor Co.

Oaks, Montgomery Co., Penna.

PHILADELPHIA
BALTIMORE
BOSTON

CLEVELAND
PITTSBURGH
CHICAGO

MEMPHIS
MINNEAPOLIS
SAN FRANCISCO



Where Life
May Depend
on Hot Water

You Can Trust

Patterson Hot Water Heaters

In hospitals and sanitariums hot water has often got to be had at once. They cannot afford to wait when human lives are at stake.

Because investigations convinced them that Patterson Hot Water Heaters could be absolutely depended upon to deliver all the hot water needed, as hot as desired, and as fast as it could be drawn, Patterson Hot Water Heaters were installed throughout the numerous buildings of the famous Battle Creek Sanitarium, Battle Creek, Michigan.

The efficient operation and long life of Patterson Heaters insure lasting satisfaction to their owners and reflect credit on the architects and engineers responsible for their installation.

Our Catalog may be had on request.



Patterson & Kelley Co.

101 Park Avenue

New York



Interior View

The ISOLATOR

Consumes liquids or solids without odor or smoke

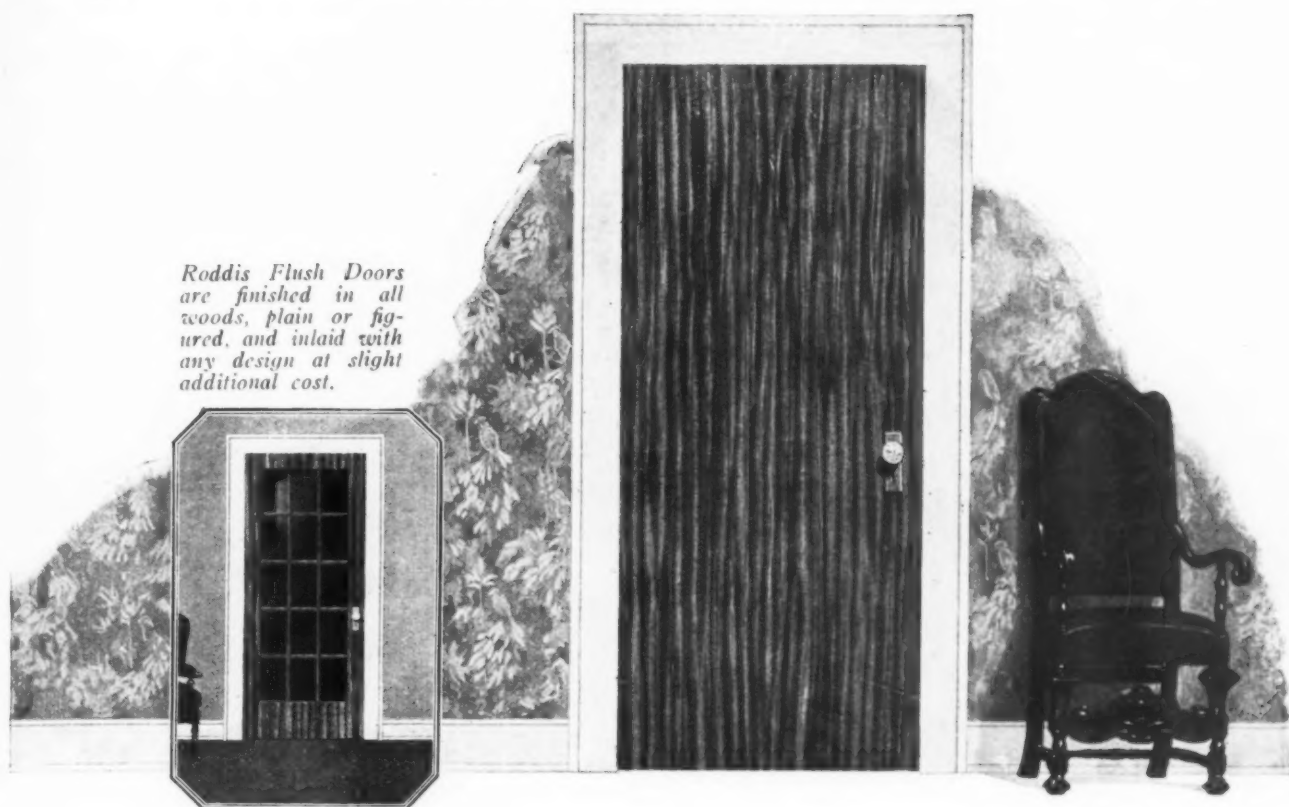
Over 150 Hospitals Are Completely Equipped

Whether or not you are considering installations now, we will be glad to give further facts and prices. Our engineering department is, of course, at your disposal. Write—there is no obligation.

BOCKFINGER & CASS

10 East Huron St., Chicago

Isolators and Amherst Inclinerators are manufactured by The Buffalo Co-operative Stove Co.



Roddis Flush Doors are finished in all woods, plain or figured, and inlaid with any design at slight additional cost.

Sanitation, Beauty and Permanence

WHEN you specify Roddis Flush Doors, you are providing the most practical door manufactured for use in hospitals.

To select or acquiesce to ordinary panel doors is false economy. For Roddis Doors can now be used at very little more cost. They cannot warp, sag, shrink or swell. They are sound-proof, sanitary and fire resisting. Their beauty and permanence are guaranteed for all time.

Roddis Doors are an investment

in sanitation and service. They harmonize with any architectural or decorative treatment. They leave a lasting impression with patients and visitors. No feature of the hospital can be more conspicuously beautiful or more conspicuously unsatisfactory than its doors.

Send for special catalog of Hospital Doors.

RODDIS LUMBER AND VENEER
COMPANY

MARSHFIELD, WISCONSIN

*Warehouses and offices located in principal
distributing centers*

RODDIS DOORS

Permanent: Cannot warp, sag, shrink, swell, check or separate—no danger of later trimming.

Sound-Proof: No thin, vibrating panels to carry or transmit sound and objectionable noise.

Sanitary: No unsightly panels and moulding to provide lodging places for dust, dirt and germs.

Fire-Resisting: Requires over one hour for blow-torch to burn through a Roddis door—less than three minutes to pierce an ordinary panel door.

Finish: Can be finished in any color to harmonize with woodwork, furniture and decorations.

Enduring Beauty: A permanent investment in beauty and service. Roddis Flush Doors survive all changing vogues in woodwork and improve with age. Today they cost less than ever.

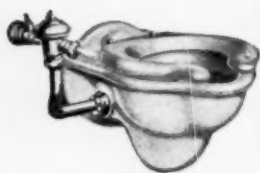
Low-Priced: Manufactured in large quantities and carried in stock so that prices are extremely low.

For complete index of advertisements refer to the Classified Directory

Watrous

Duojet Closets and Flush Valves

Non-Clogging—Water-Saving—Sanitary



SANITATION. Clogging and overflowing prevented; repair bills avoided. The wall type, being clear of the floor, greatly aids in cleansing the bathroom.

POSITIVE, SPEEDY ACTION. Duojet action instantly empties the bowl; a thorough flush, at a great saving in the quantity of water consumed.

ECONOMICAL VALVE ACTION. The Watrous Flush Valve delivers the exact quantity of water required. When used with the Watrous Duojet Closet it gives maximum effectiveness to the water-saving design of the bowl.

ECONOMY IN INSTALLATION. The Watrous wall type avoids the need of closet connections in floors.

*Write for full details describing the
Watrous Flush Valve and Duojet Closets*

PLUMBING DIVISION

Watrous Flush Valves—Duojet Closets—Self-Closing Basin
Cocks—Combination Lavatory Fixtures—Pop-Up Wastes
—Drinking Fountains—Liquid Soap Fixtures—etc.

THE IMPERIAL BRASS MFG. CO.

1247 West Harrison Street

CHICAGO

New York Office: Rm. 514, 51 E. 42nd St.

48



The Man Who Knows

When specifications were written for St. Vincent's Hospital at Los Angeles (shown above), Duriron was not specified for the drain lines from the laboratories.

The Supervising Engineer in charge of all the hospital construction work for the Order of the Sisters of St. Vincent had this specification changed to Duriron.

His knowledge of the service required of these lines, and of the necessity for a material that is wholly acid and chemical proof, prompted this substitution.

For permanence, absence of renewals, elimination of damage to structure and of interruption to smooth operation of the hospital, Duriron stands alone.

Duriron is produced only by
The DURIRON COMPANY
DAYTON-OHIO

Hospitals now burn refuse
and heat water at one time

GODER Incinerators

Dispose of waste dressings, wilted flowers, old paper, sweepings, cans, bottles and all other refuse the GODER Way—quickly, completely and with absence of odors, the "GARBAGE HOG" consumes 90 pounds of refuse an hour.

Hot water heater can be installed to furnish 300 gallons of hot water every hour.

Can be used as the main Incinerator or installed as auxiliary in either OLD or NEW buildings.



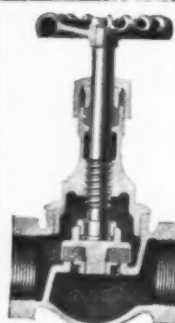
The GARBAGE HOG

Has the patented Step Grate design that has made GODER Incinerators the most wanted.

*Send for Free Descriptive
Folder and Particulars*

GODER INCINERATOR CORP.

343 North Michigan Boul.
CHICAGO



*Sectional view,
Fig. 106, screwed,
Jenkins Standard
Bronze Globe
Valve.*



*Send for booklet
describing Jenkins
Valves for Hospi-
tals, Sanitariums,
and allied institu-
tions.*

Interchangeable!

It takes an engineer a minute or so to lengthen the life of a veteran Jenkins Valve and to make unnecessary—for a long time—the purchase of a new one.

It may be a new disc that is needed. It may be a new spindle or a new bonnet. All parts of Jenkins Valves fit perfectly into other Jenkins Valves of the same type and size.

Are you taking advantage of this interchangeable feature—getting your share of the maintenance economies it effects?

The Jenkins "Diamond" mark on the body of a valve is of itself an assurance of long, uninterrupted service. And the fact that Jenkins manufacture is thoroughly standardized makes interchangeability a certainty. Genuine Jenkins Valves and parts are obtainable through supply houses everywhere.

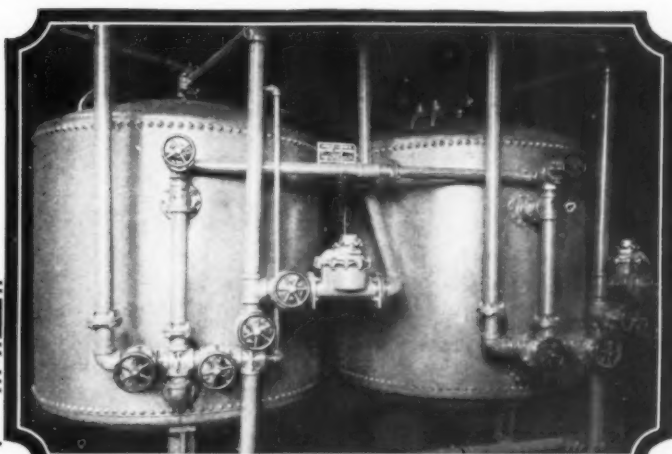
JENKINS BROS.

80 White Street.....New York, N. Y.
524 Atlantic Avenue.....Boston, Mass.
133 N. Seventh St.....Philadelphia, Pa.
636 Washington Blvd.....Chicago, Ill.

JENKINS BROS., Limited
Montreal, Canada London, England

Always marked with the "Diamond"
Jenkins Valves
SINCE 1864

Typical Paige-Jones
Upward Flow Zeo-
lite Softener Instal-
lation



Upward Flow

is fast revolutionizing zeolite water softener practice. It means 30% greater capacity size for size, or the use of a smaller unit—saves floor space—uses less salt—saves time in handling—requires no backwashing, saving thousands of gallons of water—gives high rates of flow—small pressure loss.

Leading Hospitals Benefit by Paige-Jones Technical Efficiency

A Few of Many

Toledo State Hospital
Gill Hospital
Flower Hospital
Pennock Hospital
Boone County Hos-
pital
Nichol's Sanitarium
Passavant Hospital
St. Margaret's Hos-
pital
Lutheran Hospital
Good Samaritan Hos-
pital
Natrona County Hos-
pital
Municipal Hospital
Ford Hospital
Grace Hospital
Ebenezer Hospital
Pawnee Hospital
Methodist Hospital
Jewish Hospital
University Hospital
Children's Home

SOFT water, today recognized as absolutely essential to the economical operation of any hospital, is a matter for strict technical analysis of the water conditions in each plant.

No two situations are alike in their needs—no one softening system can successfully meet all kinds of requirements. Paige-Jones manufacture every type of treatment, thus allowing our engineers to advise the best application, without any bias whatever.

Well known hospital executives and engineers are realizing more and more, the *safety* of entrusting their water problems to the Paige-Jones technical staff so that the hospital may be assured of the maximum savings in fuel, laundry supplies, and plumbing bills with minimum worry, attention and upkeep.

We have informative data on many hospital installations, available without obligation, to anyone interested. Bulletins on request.

PAIGE & JONES CHEMICAL CO., Inc.
General Sales Office, Technical Dept. and Works
HAMMOND, INDIANA
Executive Offices, 461 FOURTH AVE., NEW YORK
Offices in Principal Cities

PAIGE & JONES WATER SOFTENING

~ ZEOLITE AND LIME SODA SOFTENERS ~ PRESSURE SAND FILTERS ~
~ BOILER FEED WATER TREATMENTS ~ HOUSEHOLD WATER SOFTENERS ~



Non Staining—Non Odorous

ANTISEPTIC solutions, ink, grease and almost every other commonly known staining and soiling agents have no effect upon Wright Rubber Tile. Even when first layed this modern flooring gives off no appreciable odor.

Quiet—sanitary—easily cleaned and so wear resistant that no Wright Rubber Tile floor has ever worn out.

Booklet showing recent installations in leading Hospitals free upon request.

See our exhibit at the Catholic Hospital Association Convention in Chicago, June 14-15-16-17, Booth No. 1

WRIGHT RUBBER PRODUCTS CO.
RACINE, WISCONSIN



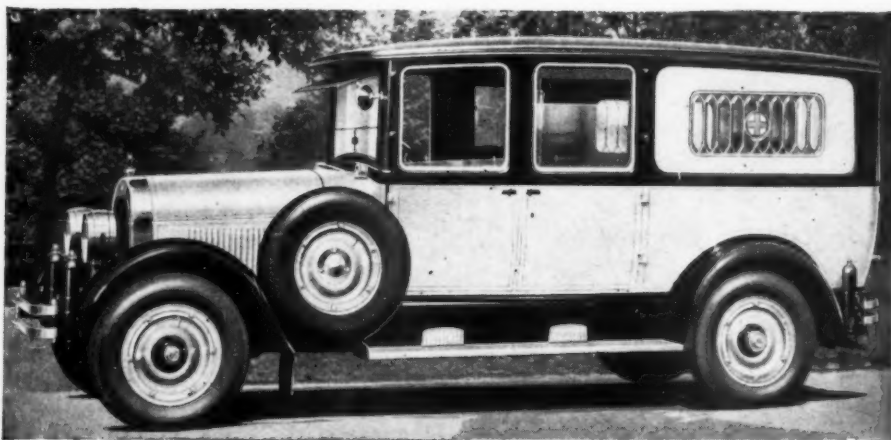
THE STANDARD
OF COMPARISON
in a great many institu-
tions, and made so only by
its wonderful performance.

"Equipment That Lasts"

M. WEISS CORPORATION
1140 Springfield Ave.
NEWARK, N. J.

Two "Kensingtons"...

...but
we sold them
only one



IN 1921 The Milwaukee County Hospital purchased a Sayers & Scovill ambulance—The Kensington. At that time we had to sell them the car. In 1926 they bought another ambulance, also a Kensington. This time we only had to fill the order. For five years with the first Kensington sold them thoroughly on buying the second.

Graceful in line and correct in appearance, equipped with

every appointment adding to the safety and comfort of its passengers, The Kensington is justly known as America's finest invalid car. It is a car that you, too, should investigate. For once you have a Kensington, there is no further question of what ambulance to choose.

We shall gladly send full information on request.

The Sayers & Scovill Company, Established 1876

Gest & Summer Sts.—CINCINNATI, OHIO

For data on all equipment and supplies consult the YEAR BOOK

This instrument, *Signal Call's* sending station, lights a light or rings a chime, in every section of the hospital.



A hospital's nerve center —in a metal box

Like the human brain, sending nerve impulses to all parts of the body, the sending station of the Signal Call System flashes its message to every part of the hospital.

Operating unit, laboratory, distant wards—Signal Call reaches into all and brings the person wanted to the nearest telephone. Assigned numbers, different for each individual, put every important member of the staff on instant call.

In thus cutting down lost time Signal Call will prove an investment. And its unfailing service is equalled only by that of its distributor, Graybar Electric.

GraybaR

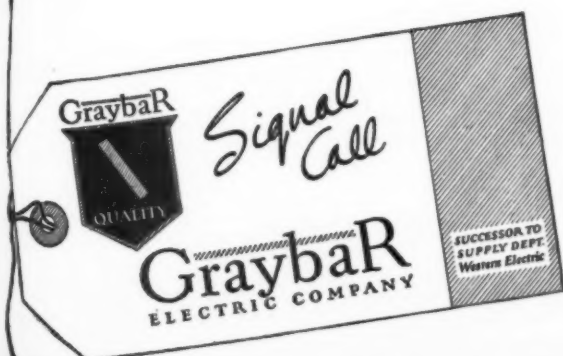
ELECTRICAL SUPPLIES

Successor to *Western Electric* Supply Dept.

Offices in 55 principal cities

Executive Offices

100 E. 42nd St., New York



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ington,
choose.



Dependable Refrigeration

Perfect, continuous operation! Freedom from mechanical defects! Your time saved as well as your money! Lipman Refrigerating Machines may cost a little more than some. That extra expense has gone into the machines, making them stronger, surer, in every way **more dependable**.

Ice carries with it an uncertain cold and unceasing bother. It is unsanitary and untidy. Lipman Refrigerating Machines produce cold in an orderly, controllable way. They may be depended upon to save time and money by giving steady, attention-free service.

Sales and Service Stations all over the United States assure dependable service to Lipman owners.

General Refrigeration Company
117-193 Shirland Ave. Beloit, Wisconsin



THE DRY, CONSTANT COLD OF THE MOUNTAIN TOP

For data on all equipment and supplies consult the YEAR BOOK

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Concerns Prepared to Render Special Service to Hospitals

Let the Chef Tell You!



The kitchen of St. John's Hospital, Long Island City, is Vulcan equipped.

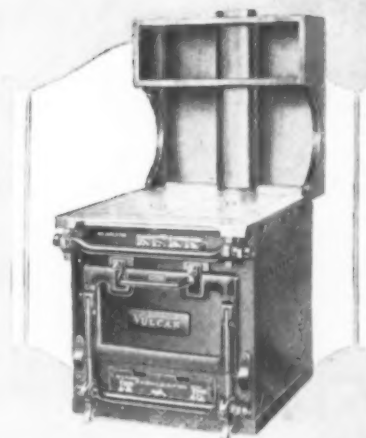
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VULCAN

GAS **HOT TOP** RANGES

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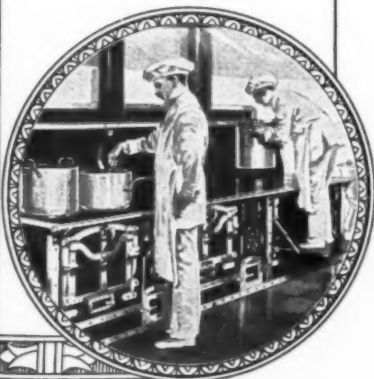
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J. A. HADLEY, Manager

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Named for the illustrious Commander of the Erie fleet during the war of 1812 -- has installed

Van Equipment for the Preparation & Serving of Food

and like the heroic endurance of Commodore Perry, Van Equipment was selected because of

"That Enduring Quality"

for which it is famous. Famous for its sturdy construction and for the thought given to each individual installation for efficient service and arrangement for economy.

Our Engineering Department under the direction of men qualified in Hotel, Restaurant and Cafeteria Equipment layouts, will help you with any food serving question you may have without obligation on your part.

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Cincinnati

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NEW ORLEANS
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Frigidaire — the *Efficient, Dependable* Hospital Refrigeration



The New Frigidaire Frost Coil

This new Frigidaire Frost Coil produces refrigeration equal to 35 tons of ice a year. It never changes its size, never melts, works day or night, year after year. It is efficient, dependable, clean—and economical in cost of operation. It will give years of the most satisfactory service at a cost which represents a real saving.

FRIGIDAIRE meets the exacting requirements of diet kitchen, laboratory, and mortuary refrigeration in the modern hospital. Hundreds of hospitals use Frigidaire today.

Frigidaire Electric Refrigeration eliminates ice deliveries and permits the sanitation so essential to the modern hospital. With Frigidaire there is no muss, no hard work, no uncertain refrigeration. Frigidaire produces cold, clean, uniform refrigeration, year after year, at a cost much less than ice. It is entirely automatic in operation.

Frigidaire models meet the needs of large and small hospitals. Any model may be purchased by the General Motors plan of deferred payments. A sales and service organization of more than 5,000 trained representatives assures quick and proper installation, satisfactory and permanent service. Write for complete information.

DELCO-LIGHT COMPANY

Subsidiary of General Motors Corporation
Dept. N-31, DAYTON, OHIO

The World's Largest Maker of Electric Refrigerators



Frigidaire

ELECTRIC REFRIGERATION

DELCO-LIGHT COMPANY,
Dept. N-31, Dayton, Ohio.

Please send to me, without obligation, information concerning Frigidaire for hospitals.

Name.....

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City.....State.....

ALCOHOL**"VELVA" ODORLESS****190 PROOF****FREE OF TAX****GUARANTEED****BUY THE BEST****No Higher in Price than Others****U
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P.**

In Iron Drums—55 gals. each.

Wooden Bbls.—50 gals. each.

Half size containers—30 gals.

10 and 5 gal. cans.

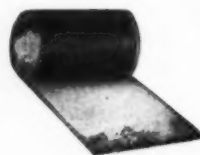
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P.****WRITE US FOR PRICES
FREIGHT PAID TO YOUR CITY***The Federal Products Co.*
INCORPORATED

Industrial Alcohol Plant No. 19

229 Race Street

Cincinnati, Ohio

Chicago Branch: 180 No. Market St., Frank Z. Woods, Mgr.

**DON'T****RUN****SHORT****OF****ABSORBENT****COTTON**

Three hospital grades

Rolls, 1 lb., 5 lb., 10 lb.

If your capacity warrants buying in 100 lb.
lots or larger you can**SAVE**

by buying

DIRECT

of the

MILLSTry it. How quickly you would stoop to pick up
a penny. Save a yard of greenbacks by buying
of the mills. A grade for every use.**MAPLEWOOD MILLS**

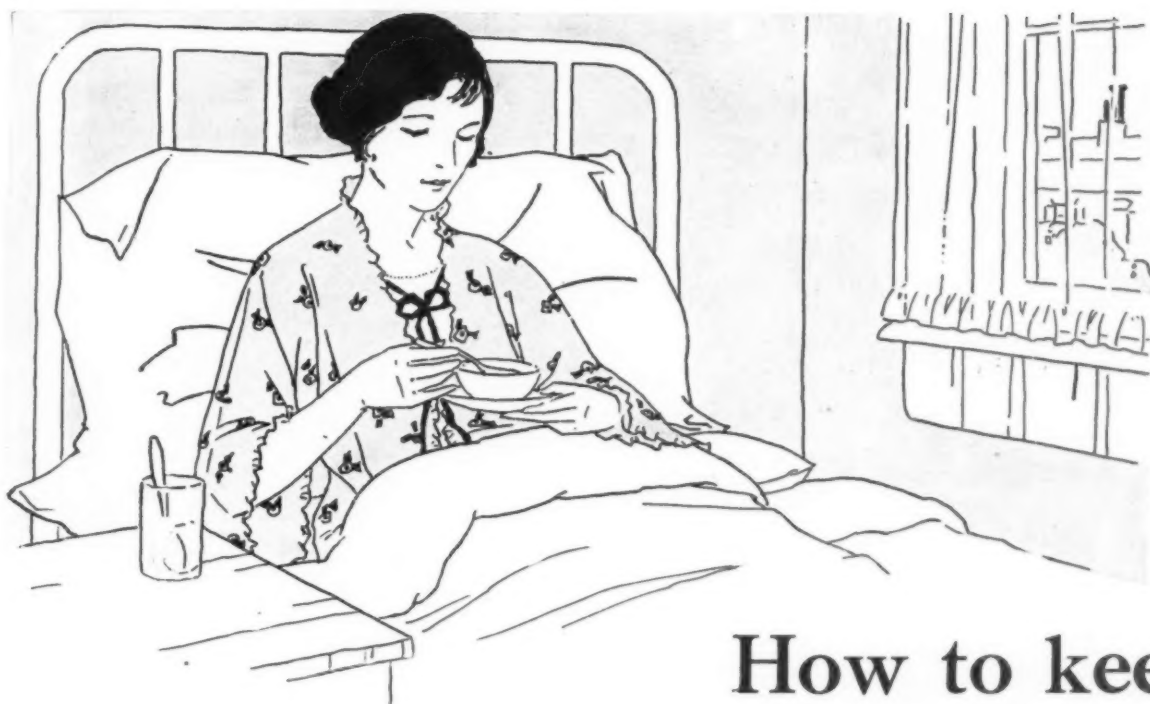
FALL RIVER, MASS.

LAMBERT PHARMACAL COMPANY

SAINT LOUIS, U. S. A.

*Makers of***LISTERINE****LISTERINE TOOTH PASTE****LISTERINE THROAT TABLETS**Offices in NEW YORK, TORONTO, LONDON, MELBOURNE,
PARIS, MADRID and MEXICO CITY

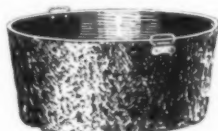
Laboratories in TORONTO, PARIS, MADRID and MEXICO CITY



How to keep your patients *calm* and *contented*



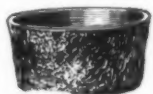
PAIL
(general utility)



KEELER
(for washing silver and glassware)



WASTE BASKET
(water and odor proof)



HANDY DISH
(as butter dish)



VASE
(non-rusting)

THE reputation of a hospital depends on something more than just surgical skill. Noise is a thousand times more irritating in a hospital than anywhere else. Yet it is present—and much of it is unnecessary.

You put rubber heels on your nurses' shoes and then use metal containers that "clang-bang" at the slightest touch.

Cordleyware was designed as a protest against this noise.

Noise and Cordleyware are about as far apart as the stars.

Cordleyware alone will eliminate most unnecessary hospital noise.

For example—take Cordleyware pails. Made like all other Cordleyware products—seamless, scratchless, waterproof, rustless, taint and odor proof, noiseless—they cannot scratch, mar, or leave rust rings on floors. And above all, they cannot make noise in corridors or wards.

Then take the Cordleyware keeler. Eliminates the rattle and bang in washing dishes, prevents chipping of china and glasses, stops the wear and tear on plated ware when washed in metal containers. Keelers are also of special advantage in handling food—salads, fruit mixtures, etc.—being taint and odor proof.

Especially at this time the Cordleyware flower vase is valuable. Flowers last longer—no rusty water as in metal vases. No rust stains or scratches on white enamel or paint. No danger of breakage as with glass.

But the entire line, spittoons, pails, fire pails, waste baskets, waste cup containers, handy or cracked ice dishes, keelers, knife keelers, umbrella stands, vases, chambers—in addition to long wear, is *noiseless*.

Write your supply house for complete information including prices, Cordley & Hayes, world's largest makers of sanitary drinking devices, 26 Leonard Street, New York City, U. S. A.



Cordleyware

Indurated Fibre



Sanymetal Partitions in Brooklyn Naval Hospital, Brooklyn, N. Y.

You Can Afford Sanymetal!

Are you one of those who believe that, because of its known high quality, Sanymetal is too expensive a partition for your particular building? An investigation and comparison of prices will convince you that in most cases, Sanymetal costs no more than any other good metal installation.

Remember that the long service does not necessarily imply the long price. A nation-wide service to hospitals, and an expert knowledge of their needs, enable us to furnish genuine quality Sanymetal Partitions at a practical figure. And the first cost is virtually the last, because Sanymetal is usually good for the life of the building.



Send for this Book

Please send new Catalog 15 on Sanymetal Partitions

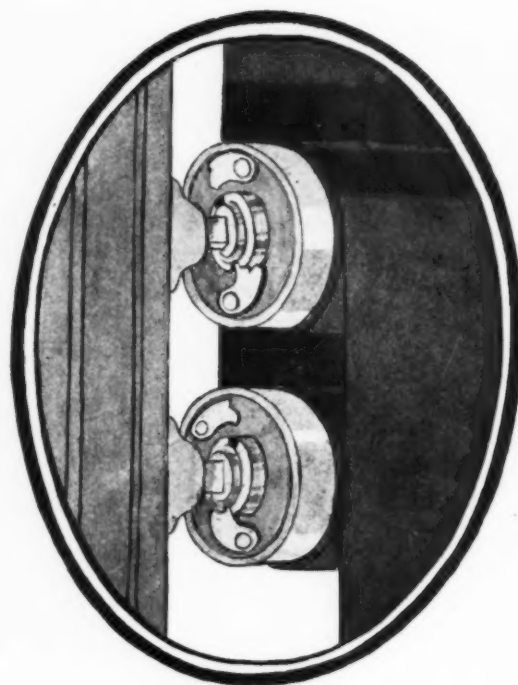
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The Sanymetal Products Co.
1706 Urbana Rd. Cleveland, O.

Sanymetal
Partitions for
HOSPITALS



Specify these brackets when you buy shades

FOR hospital use, window shades on Hartshorn Rollers with No. 86 or 87 brackets are ideal. Smooth, easy running shades with complete control of light and air are assured if you specify this combination. Hartshorn's Tinted Cambric is a lasting fabric and you will be sure of cloth as good as the roller, if you specify it. We'll gladly send color samples in sage, linen, putty, dust and dill.



Hartshorn
EST. 1860
**SHADE ROLLERS
and SHADE FABRICS**

STEWART HARTSHORN CO., 250 Fifth Ave., New York

**QUIET!
QUIET!
QUIET!**

ABSOLUTE quiet is out of the question in hospitals with windows that shake and rattle like an old Ford every time the wind rises or a trolley or bus passes along the street.

Many hospital authorities have been quick to recognize this fact. That's why you find the number of Monarch-stripped hospitals constantly increasing.

Monarch Self-Adjusting Metal Weather Strips hold the sash and frame of a window in the same relative position at all times. They take up the play in the window—and when the play is taken up the rattle and noise stops. As one man writes: "I can sit beside a Monarch-stripped window and not even hear the noise from the busy street outside."

We have published an interesting booklet which explains why Monarch Strips not only take the noise and rattle out of hospital windows, but also greatly reduce the leakage of dusty, germ-laden air—keep out cold air in winter—bring a substantial reduction in heating and cleaning costs.

May we send you a copy with our compliments? Merely drop us a post-card request—or jot your name and address on the side of this advertisement and mail it to us.



MONARCH METAL PRODUCTS CO.
4960 Penrose St. St. Louis, Mo.
Manufacturers of Monarch Metal Weather Strips for
Wood Windows and Doors
Representatives in all principal cities

MONARCH
METAL WEATHER STRIPS

How to make an endowment fund go further!

IF you can save money on the small items of replacement and upkeep, the endowment fund can be devoted to the greater accomplishments.

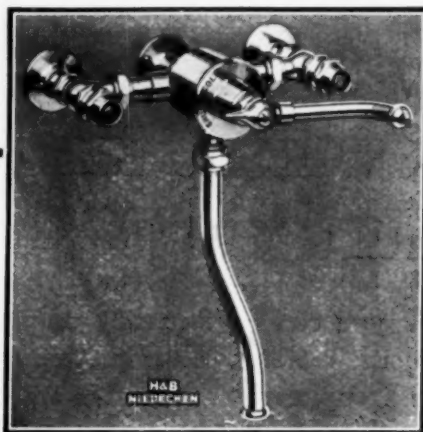
You can save the constant replacement expense of window shades by ordering shades of du Pont Tontine. These are made on an entirely unique principle—by impregnating the shade cloth with pyroxylin—and are subject to none of the weaknesses of the old-fashioned, perishable type of shade. They do not fade, fray, check or crack. Their original freshness can be restored by periodical washing with soap and water and a scrubbing brush, and they can be made sanitary with a 5% solution of carbolic acid.

Order shades of du Pont Tontine, and rid your budget of shade expense for years to come!



WASHABLE
DU PONT
TONTINE
WINDOW SHADE CLOTH

E. I. DU PONT DE NEMOURS & CO., INC.
NEWBURGH, N. Y.



NIEDECKEN MIXER

PATENTED

SUPPLY FIXTURE

Elbow Operated

for

SURGEON'S LAVATORIES, SINKS, ETC.

Having an advantage over the pedal or knee acting fixture by giving a continuous flow of water at a desired temperature and at the will of the user.

Write for Bulletin M.H.-15X

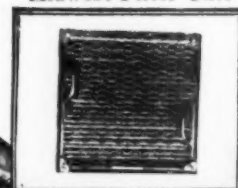
HOFFMANN & BILLINGS MFG. Co.
MANUFACTURERS SINCE 1855.
MILWAUKEE, U. S. A.

Sterile Instruments— Sterile Hands— Sterile Air?

CLEAN AIR is desirable everywhere in a hospital, but surely operating rooms should be adequately ventilated with air free of all harmful dust and bacteria. Midwest Air Filters guarantee an always dependable, practically sterile supply of clean air at moderate cost.

Send for Bulletin MC-1

Midwest Filter Unit



MIDWEST AIR FILTERS
INCORPORATED

BRADFORD, PA.



Have you our catalog on

Leonard Thermostatic Water Mixing Valves?

This catalog of Model B and Type L-9 Leonard thermostatic water mixing valves contains useful information which should be at your hand when providing for the inclusion of thermostatic water mixing valves for shower bathing.

In this catalog you will find roughing-in dimensions and detail drawings.

May we send you a copy?

Manufactured by

LEONARD-ROOKE COMPANY

Incorporated 1913

PROVIDENCE, RHODE ISLAND

Heating Economy Plus Better Sanitation

ON fuel saving alone—Chamberlin Metal Weather Strips should be installed in every hospital. Both tests and experience show that they save 20% to 40% in annual fuel costs. In addition to this, Chamberlin Metal Weather Strips shut out dangerous draughts—keep out dust and dirt—and make wards and rooms quieter. Chamberlin manufactures and installs its weather strips—and guarantees both product and results for the life of the building.

CHAMBERLIN METAL WEATHER STRIP COMPANY

West Lafayette Blvd., Detroit, Mich.

100 Sales and Service Branches throughout
the United States

CHAMBERLIN
METAL WEATHER STRIPS
"SINCE 1893—THE STANDARD"

Note

Hospital authorities are exercising more and more care in the selection of the proper colors for decorating interiors. With that in mind this article and others have been written. Previous

articles dealt with the use of red, yellow, gray, blue and white. These articles are by M. Rea Paul, consulting colorist of National Lead Company. Extra copies of these articles can be obtained by writing to our nearest branch office.

Quiet . . . Soothing GREEN

Hospitals find its restful, tranquilizing influence especially valuable on walls of rooms for highly nervous patients.

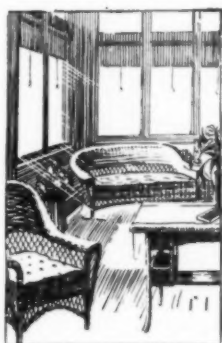
GREEN is the color obtained by mixing yellow and blue. It combines the subduing properties of the blue with the warm cheerfulness of the yellow, and exerts a quieting, soothing influence on excitable, unstrung minds. This fact has been proved in hospitals where green has been used on walls of special rooms reserved for treatment of nerve cases. The restful quality of green has also led to its use in solariums and operating rooms and in nurses' dining rooms.

There are many types of green just as there are many types of other colors. There are gray-greens and blue-greens, called the cool greens because of the cooling effect of the blue and gray they contain. Then you have the yellow-greens, called the warm greens because of the influence of yellow, the sunlight color.

Care in selecting the green to use

THE selection of the proper green for the walls of a room or ward should receive the same careful attention as the selection of other colors. It is obvious that rooms in different parts of a hospital get different degrees of illumination. And the type of green to use depends on the illumination.

In unshaded rooms and wards where the natural illumination is glaring, and also creates an uncomfortable feeling of warmth, a sub-



duing and also cooling gray-green which absorbs many of the light-rays has a restful influence on nerve-racked minds. The stronger the light of the room, the more subdued should be the green color. In poorly lighted and in shaded rooms, a yellow-green should be employed because of its ability

to reflect the light received and also to create an atmosphere of warmth.

Solariums and operating rooms

HOSPITALS have made use of the restful, tranquilizing qualities of green in their solariums. Here a little more yellow is added to the green to lend life and brightness to the impression of peaceful restfulness given by the green. Because of its soothing, restful qualities, green is also used on operating room walls where, combined with a gray, it furnishes relief for the surgeon's eyes when he glances up from the brilliantly lit operating table.

But remember that in the selection of colors every room in the hospital should be considered as a separate problem. All that we can do here is suggest the possible uses of a color which should, however, be modified to suit conditions varying

according to the illumination, exposure, the size of the room and the use to which the room is put. All the greens are easily obtained by tinting paint

made of Dutch Boy white-lead and Dutch Boy flatting oil with the proper coloring pigments. Thus, you get a beautiful durable wall finish that can be washed as often as necessary without harming the paint film.

Let color specialists help you

YOU can, with no expense, obtain the co-operation of our Department of Decoration in selecting the proper colors for any room in your hospital or for the entire building. The specialists in this department have made a study of hospital decoration and the therapeutic value attributed to color. They are working today with hospital administration boards, superintendents and architects on the subject, preparing paint specifications, paint formulas and actual color samples.

More than 200 hospitals throughout the country are successfully using the color treatments recommended by this department. If you wish further information regarding the service which this department can render you, write to the Department of Decoration in care of our nearest branch.



NATIONAL LEAD COMPANY

New York, 111 Broadway • Boston, 131 State Street
Buffalo, 116 Oak Street • Chicago, 900 W. 19th Street
Cincinnati, 650 Freeman Avenue • Cleveland, 820 W. Superior Avenue • St. Louis, 722 Chestnut Street
San Francisco, 485 California Street
Pittsburgh, National Lead & Oil Co. of Pa., 316 Fourth Avenue
Philadelphia, John T. Lewis & Bros. Co., 437 Chestnut Street.



The CHASE HOSPITAL DOLL is over five feet tall, made of finely woven stockinet. Is durable, waterproof and sanitary. It has a copper reservoir which has three tubes leading into it, corresponding in location and size to the urethral, vaginal and rectal passages.

Superintendents now using the adult size, as illustrated above, will be glad to know that we make several small models corresponding to a two-month, four-month, one-year, and four-year-old baby.

The **CHASE HOSPITAL DOLL**

M. J. CHASE, 24 Park Place, Pawtucket, R. I.

"Build for Service"

The CHASE HOSPITAL DOLL and *The CHASE HOSPITAL BABY*, demonstration manikins for teaching the care of children, the sick and injured, are made by trained artisans who give infinite care and thought to each detail. "Build for Service" is the policy behind all CHASE PRODUCTS.

Nothing but the sturdiest material goes into these products. They are made of cloth and cotton batting that have been molded into the human form. They have hard, raised features, and flexible joints. They have naturally formed bodies, heads, arms and legs, that conform to standard measurements. They are covered with several thick coats of durable, waterproof paint. The larger models are equipped with openings, connected with water-tight reservoirs, representing the meatus auditorius, nasal, urethral, vaginal, and rectal passages.

The CHASE HOSPITAL DOLL and *The CHASE HOSPITAL BABY* because of their inherent durability and because they permit such great flexibility and wide latitude in the demonstrations and practice of medical, surgical, and hygienal principles, are in daily use all over the world in Hospitals, Nurses' Training Schools, Home Nursing Classes, Baby Clinics, Mothers' Classes, and by Visiting Nurses and Baby-Welfare Workers. They are standard and necessary equipment.

Let us send you our latest catalogue, which will describe these manikins in detail.

Lorillard **Mortuary Refrigerators**

with the DeCanio Mortuary Support

The Telescopic Support and Portable Stretcher was devised and patented nearly a quarter of a Century ago by the Lorillard Refrigerator Company, and, with only a few changes in design, has been adopted as the standard equipment for hospitals, morgues, medical schools, and other institutions requiring mortuary refrigeration.

The tray support is mounted on noiseless roller bearings and moves with the slightest touch. Even when extended full length and carrying excessive weight it will not sag or bind. The tray or stretcher may be placed on or removed from the support as easily as placing it upon a table, and, being made entirely of galvanized iron, may be cleaned readily and thoroughly.

The DeCanio mortuary support and tray may be had separately, or installed in Lorillard mortuary refrigerators — the highest type of refrigerator efficiency so far produced.

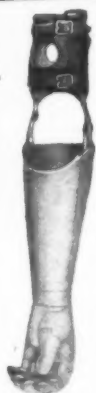


Here are a few recent installations of Lorillard Mortuary Refrigerators.

Bellevue Hospital, New York City.	Mt. Sinai Hospital, New York City.
Gelsinger Memorial Hospital, Danville, Pa.	Philadelphia General Hospital, Philadelphia, Pa.
Jersey City Hospital, Jersey City, N. J.	Cleveland Hospital, Cleveland, O.
Methodist Episcopal Hospital, Brooklyn, N. Y.	Fifth Avenue Hospital, New York City.
	Royal Victoria Hospital, Montreal, Quebec.

Lorillard Refrigerator Co.

122 E. 41st Street - - - New York City

Below Elbow
Mechanical
ArmAbove Elbow
Mechanical
ArmBelow Elbow
Utility ArmAbove Elbow
Utility ArmHanger Special
with Pelvic
Brace and
Belt

The Hanger Limb of Today Is the Result
of Constructing, Fitting and Improving
A QUARTER OF A MILLION
Artificial Limbs

*Sixty-Five Years Experience in Wearing
Manufacturing and Improving
Artificial Limbs*

Forty Travelling Experts Trained to Render
Service at Patients' Homes

Duralumin with
Pelvic Brace
and BeltHanger Special
Thigh
Amputation

J. E. Hanger, Inc.

*Largest Artificial Limb Organization
in the World*

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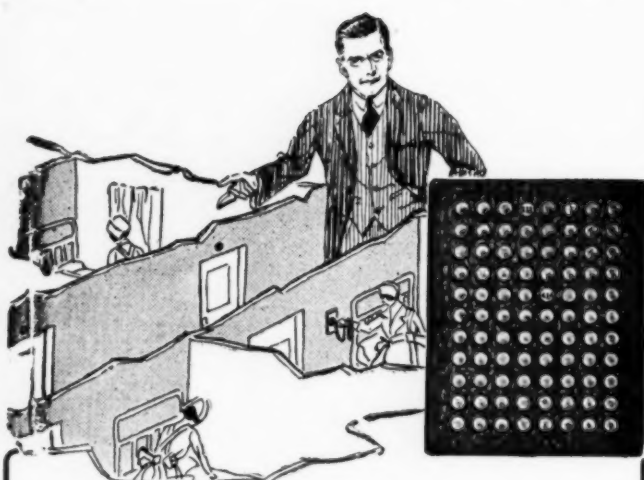
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Duralumin for
Thigh
AmputationHanger Special
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Below the Knee
AmputationDuralumin with
Tilting Table for
Disarticulated
Hip

A Few of the Many Styles of Hanger Limbs



JUST OUT!

A new, nurses' Silent Call System to modernize out-of-date systems in old Hospitals.

Easy to install, very little if any extra wiring. Comparatively inexpensive.

This is your chance to modernize your present system at very little cost.

Your engineer can install.

Write for full particulars.

THE CHICAGO SIGNAL CO.

312-318 South Green St.

Chicago, Ill.



Without Obligation

to you we will place in your hospital, a Surgeon's Operating Ventlite on a ten-day trial.

Only by actual demonstration can you be convinced that this unit provides all the illumination necessary for any and all types of operations.

We want to prove to you—at our expense—that this compact, portable and inexpensive equipment

**GIVES YOU CLEAR, STRONG
COOL AND GLARELESS LIGHT**

where and when you want it—at low first cost and low operating cost.

JOHNSON VENTLITE CO.

732 FEDERAL ST.,

CHICAGO

**MOST WELL CONDUCTED HOSPITALS
USE OUR**

Record and Account Books AND Hospital Charts

Our catalog number sixteen fully illustrates the latest ideas in hospital recording and accounting, and contains samples of the charts recommended by the American College of Surgeons, as well as others which have been in use many years by leading hospitals.

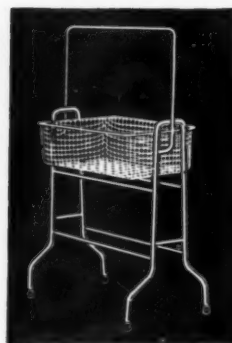
The Burkhardt Company, Inc.

545 Larned St. West
DETROIT, MICHIGAN

STEEL HOSPITAL FURNITURE of

Distinctive Character and Quality

Originators of Flush Joint Construction for Hospital Equipment, eliminating bulky castings and crevices which collect dust and germs.



No. 27. Bassinet.



No. 75. Obstetric Bed.

Catalogue and Price List on Application

RICHARDSON, WRIGHT & CO.

Manufacturers of

*Steel Hospital Furniture and
Bedsteads, Mattresses and Pillows*

65 Beverly Street

BOSTON, MASS.



One pound of absorbent cotton and one pound of Cellucotton. Cellucotton's greater bulk gives you more dressings per pound.

More dressings per pound in Cellucotton

Why this most useful absorbent is also the most economical

HOSPITALS everywhere—2383 of them—are using Cellucotton because of its efficiency and greater economy. Not only does this useful absorbent cost less than nearly every grade of absorbent cotton but Cellucotton, in addition, offers these very definite savings—

- due to its bulk, it makes more dressings per pound than absorbent cotton;
- its greater absorbency permits of smaller dressings in many cases;
- it readily separates into layers. No more material used than absolutely necessary;
- it saves gauze and other expensive materials.

Cellucotton has found favor not for its economy alone. Its remarkable absorbency and capillary action make it invaluable as a surgical dressing. Cellucotton is 4 to 8 times more absorbent than ordinary cotton and draws fluid quickly *against* gravity.

These superior qualities, together with its purity and lightness, have caused Cellucotton to be recognized as the most useful absorbent ever known!

Cellucotton is not sold in bulk only. It is also specially prepared for two specific uses. Because of its absorbency and economy, it is an ideal material for wipes of all kinds. It is specially calendered for this use, giving it necessary firmness with no loss of absorbency. The finished product—*Celluwipes*—can be obtained in boxes of 400. Easy to use—easy to dispose of—they are more economical than

Cellucotton's Eight Reasons Why

1. Cellucotton absorbs from 4 to 8 times more drainage before saturation than most grades of absorbent cotton.
2. Cellucotton retains more liquid before leakage takes place.
3. Cellucotton absorbs 3 to 5 times as fast as absorbent cotton.
4. It draws fluid against gravity. It serves as a wick instead of a dam.
5. Fluid penetrates to every part of the Cellucotton dressing.
6. On account of its bulk, it makes more dressings per pound than absorbent cotton.
7. Cellucotton is lighter, cooler and more comfortable for the patient.
8. Its cost is so low as to make it one of the most economical forms of absorbents.

most materials, and can be used for wipes of every variety.

Kotex pads, made of Cellucotton and Curity Absorbent Gauze, possess all the outstanding features of bulk Cellucotton. They are comfortable for the patient, thoroughly absorbent, with a great ability to retain drainage. They present a distinct saving to the hospital in time and material.

The coupon will bring generous samples of Cellucotton products to hospital executives. And, when buying, *always insist on genuine Cellucotton.*

LEWIS MANUFACTURING COMPANY
(Division of Kendall Mills, Inc.) WALPOLE, MASS.

Lewis Manufacturing Co., Walpole Mass.

Please send me, free, samples of Cellucotton Dressings, Celluwipes, Kotex. Also the "Recipe Book" of Cellucotton uses.

Name _____

Position _____

Hospital _____
Address _____

M. H. 6 98

How to keep X-Rays in the X-Ray room

NO longer need there be leakage of X-rays to adjacent rooms. For now the most powerful of X-rays can be stopped easily, without great expense, by applying barium sulphate plaster to walls, ceilings and floors.

Barium sulphate plaster (mixed of barium sulphate, barium sand and cement) is put on like ordinary wall plaster, right on the wall lathing. It forms a barrier to X-rays that is unbroken by cracks or joined surfaces. It not only costs less than old methods of protection, but makes a better looking room. It can be painted any color desired. Tests have proved this plaster provides absolute protection against 200,000 volt X-rays. It is now in use in many doctors' offices and hospitals. It makes possible the safe storage of plates within easy reach of the X-ray installation.

Write for formula. It is important that you get the right mix of barium sulphate, barium sand and cement. Formula for mixing this plaster and specifications for its application will be sent you upon request. (Process Patented.)

License permitting plasterers or contractors to install barium sulphate plaster is included without additional charge when barium sulphate and barium sand are purchased from us.

THE DICK X-RAY COMPANY

Home Office 3974-76 Olive St., St. Louis, Mo.

BARIUM SULPHATE PLASTER

for X-Ray-proofing walls, ceilings and floors

OHIO AND LENNOX

ANESTHETIC GASES

Are prepared, day by day, with the same scrutinizing care, the same high quality ingredients and the same ultra-scientific methods of production, assuring you of unequaled purity and potency no matter which your choice of gas may be.



NITROUS OXID ETHYLENE OXYGEN ETHYL CHLORIDE
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Let Us Supply You With Your Anesthetics

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NEW YORK
BOSTON

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DETROIT

CINCINNATI
ST. LOUIS

ST. PAUL
DALLAS

BIRMINGHAM
MINNEAPOLIS



"Hello, Daddy dear, this is me, I'm at the doctor's taking my Ultra-Violet bath. I like it better than cod liver oil or spinach.—Goodbye."

BURDICK CABINET COMPANY

250 Madison Ave.

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Milton, Wis.

Manufacturers of Precision Quartz Lamps

Burdick does not solicit Quartz Lamp sales from the laity

TAX FREE ALCOHOL

95% U. S. P.

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Absolute

U. S. Industrial Alcohol Co. . . . U. S. Industrial Chemical Co., Inc.

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*Our literature represents the most comprehensive accumulation
of information on intravenous therapy.*

Send for it.

NEW YORK INTRAVENOUS LABORATORY

22 West 26th St.

New York, N. Y.

FARIBO

Hospital Blankets Give Better Service

These blankets are specially made to satisfy the demands of modern hospitals. Their original texture and soft lightness is retained, even under the most severe laundry conditions. Their unusual long life is gratifying to every user.

Try Them for 30 Days

Send for a few Faribo Blankets and use them for 30 days—free. If they fail to please, return them. This is a free trial and will not obligate you in anyway.

Size 60" x 84" double, weight 4½ lbs.; price only \$5.00 per pair. Cut single if desired, without extra charge. Hospital name printed in indelible wool dye at 10c per marking on orders of 25 or more.

Faribault Woolen Mill Co.

127—4th St. W., Faribault, Minn.



If You as Doctors

would read in a medical journal that a manufacturer had invented a SURGICAL instrument which could by its use reduce the time of an operation by half, we have no doubt that you would at once investigate its merits.

We do not have the pretention to accomplish this with a Universal Cutter but we can save three-quarters of your nurses' time if they use a UNIVERSAL Gauze, Bandage and Cotton Cutter.

Permit us to give you a demonstration or let us send you a machine on a 10 days' trial. Give current and voltage.

UNIVERSAL CUTTER CO.

Mfrs. of Electric Gauze Bandage and Cotton Cutter
ST. LOUIS, MO.

Offices in All Principal Cities

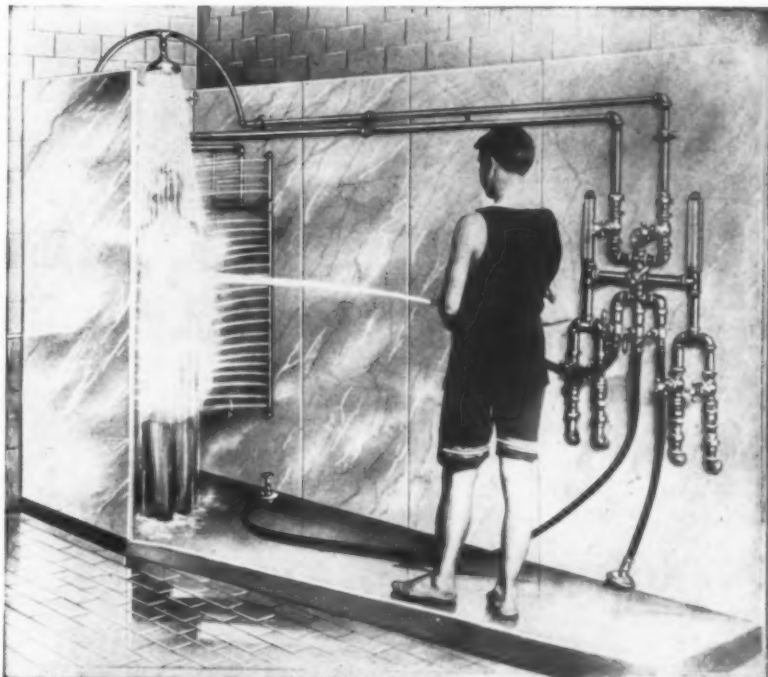
EFFICIENCY *and* ECONOMY

WITH BATTLE CREEK HYDROTHERAPY EQUIPMENT

"There is no remedial agent so flexible or so perfectly adapted to the treatment of disease as is water"

No hospital superintendent or physician is a stranger to the vast good embodied in Hydrotherapy. It ranks with "Light" as a pioneer in Medicine. It is one of the original 'specifics' and has stood the test of time.

The Battle Creek Hydrotherapy Apparatus still retains the position it created years ago. It is the oldest, simplest, most efficient, and most accessible type available. With this apparatus there are no expensive installations, no unhandy and inaccessible valves, and no buried piping necessitating the tearing up of a wall or floor to repair.



The G-3 Hydrotherapy Apparatus is complete, fitted to give the overhead and needle showers, rain, perineal, jet, revulsive, Scotch, and any other form of douche. All metal parts are made of heavy brass Nickel-plated. The pipes are made of the finest brass and are the one inch iron pipe size. The temperature regulating valves and the needle and overhead shower control valves are the standard compression type. The quick-change valve, located in the center of the control section, is made of babbit metal and will wear indefinitely. The hose used with the nozzle, perineal and rain douche is the best rubber procurable.

OTHER RECOGNIZED BATTLE CREEK APPLIANCES

Electric Light Bath Cabinets

Three models, varying in size and cost. Each cabinet complete with special comfort chair and necessary bulbs. Made of the finest hard wood water-proof cemented veneer. All models shipped ready to install.

Oscillo-Manipulator

An ingenious apparatus which gives massage better than the hand and with which every part of the body may be treated. Built to stand the strain or hard, daily institutional service. No attendant needed.

Vibratory Chair

A thoroughly practical means of applying vibration to all parts of the body. Highly beneficial in chronic cases where physical exercise is denied. A popular health aid for institutions and physician's offices.

The Radiantor

A portable electric light bath in compact form. May be applied while patient is in reclining or sitting position. Especially adapted to the needs of ward hospitals and small institutions where conservation of space is a factor.

Sinusoidal and Galvanic Apparatus

A complete and efficient appliance for producing positive muscular reactions. Frequency can be varied from 10 to 200 impulses per minute. Attractive in appearance; compact and durable. Unexcelled in the quick relief of pain.

Solar Arc Lamp

Enables bed-ridden cases to benefit by the therapeutic value of sunlight at any time. The Solar Arc produces a larger proportion of actinic rays than is present in sunshine. No danger of tissue burns as in the use of X-ray and similar lights.

Electric Thermophore

The most efficient means devised for local or general applications of heat. Manufactured in pad and blanket forms. Special features make the Battle Creek Thermophore superior to all others.

The Photophore

A small two-light reflector-type lamp for the convenient application of radiant light. Temperature controlled by thermostat. Indispensable in the care of the sick.

Dumbell Vibrator

A powerful vibrator that is built to stand hard service. Enables the operator to apply deep vibrations to any part of the body in three different forms—percussive, lateral or centrifugal.

Send now for catalogue of Bulletins

PHYSICAL THERAPY EQUIPMENT CO.

Sales Agents for SANITARIUM AND HOSPITAL EQUIPMENT COMPANY

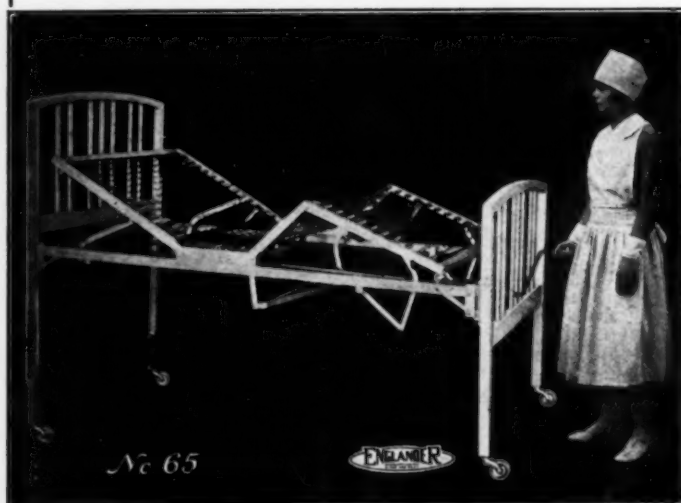
Box M. H.

Battle Creek, Michigan

"The Home of Physical Therapy"

For complete index of advertisements refer to the Classified Directory

None Better Made!



Improved

ENGLANDER Hospital Beds

Hospitals of the first rank throughout the country are equipped with Englander Beds and Cots. Englander products have won this preference because of their scientifically correct and sanitary construction, their unusual comfort, their great utility and their long life—Englander Beds are built to endure.

For every hospital need there is an Englander Bed, especially designed to meet that need supremely well. Every buyer of hospital equipment should have in his files the Englander Catalogue No. 27, illustrating hospital beds of all types—write for a copy today.

ENGLANDER SPRING BED COMPANY

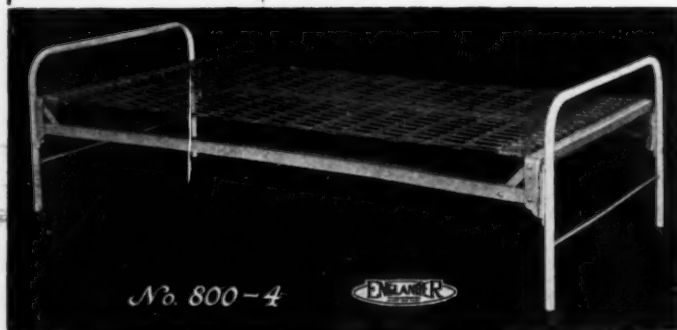
Branches in all principal cities

Showrooms:

100 WEST 32nd ST. (DEPT. 27), NEW YORK, N. Y.

90 Canal Street, Boston, Mass.
North American Bldg., Chicago, Ill.

ENGLANDER
PRODUCTIONS FOR
SLEEP AND REST



ENGLANDER HOSPITAL BED NO. 800-4
3 ft. size, three-piece bed, enamel finish.

The Psychology of Palmolive

"THE mental attitude of patients," a hospital business manager tells us, "is greatly improved, we find, by the fact that we use the same familiar articles in general care that are used in the patient's home."

"Palmolive Soap, we believe, is a reassuring note that pleases them, makes them relax. It gives the impression that no pains or expense will be spared for their welfare. This reacts favorably in the long run by good will—the word of mouth advertising for the hospital done by our patients after they leave us."

* * * * *

Palmolive is no more expensive than any other good toilet soap. In fact, its economy has been demonstrated countless times.

There are four sizes to select from: the regular cake that all know, and three specials: *Miniature*, in ½ ounce size for transient use; *Petit Palmolive*, the one ounce size, and special *Guest Palmolive* in a 1½ ounce cake. All in the familiar green wrapping with the gold and black band.

Arrangements may be made for the name of the hospital to be printed on the special wrapper, if desired.

Price List Shows Many Economies

Send for our recent price list . . . you'll find new economies in soap for every hospital use. Write today. You should have a copy in your file.

THE PALMOLIVE COMPANY

(Del. Corp.)

360 N. Michigan Ave.

CHICAGO,

ILLINOIS



**Hospital Nursers
that stand Cold,
Heat and Hard
Usage—and give
Long-Life Service**

OWENS makes many bottles for Hospitals—but the nurser is of particular interest. It seems to have been designed specially for hospitals. First—it is able to stand the abuse and re-use and hard-handling of modern hospitals. Second—ice-box cold and sterilizing heat have no effect on it. Third—it gives long, faithful service. What has given Owens nursers these superior qualities? Good glass, evenly distributed and scientifically annealed.

Round, wide mouth or oval—each can be procured in convenient 2 dozen dust-proof cartons.

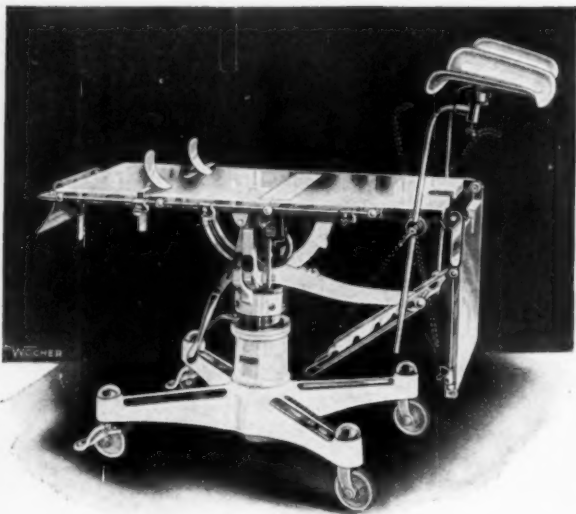
The Owens Bottle Company — Toledo

Owens Bottles

Owens Machine Made - by Owens

For complete index of advertisements refer to the Classified Directory

WHY ACCEPT ANYTHING BUT THE BEST?



Your Operating Room is worthy of the best. You may justifiably be proud of it if it contains

The Cincinnati Automatic Pedestal Operating Table

The Cincinnati Table is unsurpassed in its ability to serve. It gives to the operator every possible mechanical assistance and is immediately appreciated by the anaesthetist. Ease of operation and its ability to adapt itself to any condition are its outstanding advantages. It is capable of assuming any known position instantly. The fulcrum mounting eliminates all slow acting gear wheels.

The Goepel Knee Crutches (as shown in illustration) are now supplied as standard equipment. They are large and comfortable, conforming perfectly to the patient's leg and eliminating all possibility of cramping. They have a remarkable range of adjustment, permitting the patient to be safely moved out beyond the end of the table in pelvic work.

Write for our Cincinnati Table descriptive booklet.

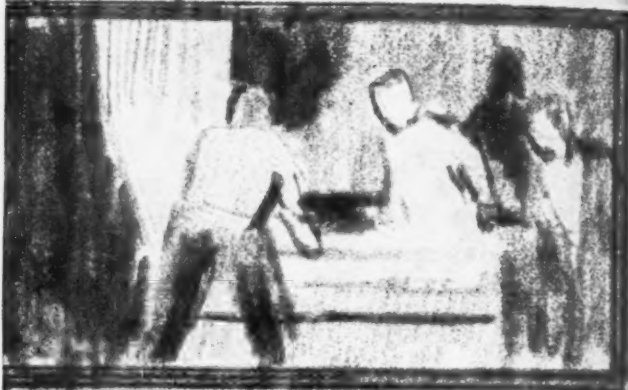
THE MAX WOCHER & SON CO.,

Surgical Instruments — Hospital Furniture

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FOR FAICHNEY IMPROVED CLINICAL THERMOMETERS

Made of super-tempered glass an exclusive Faichney process. Sensitive. Quick registering—easy to reset.

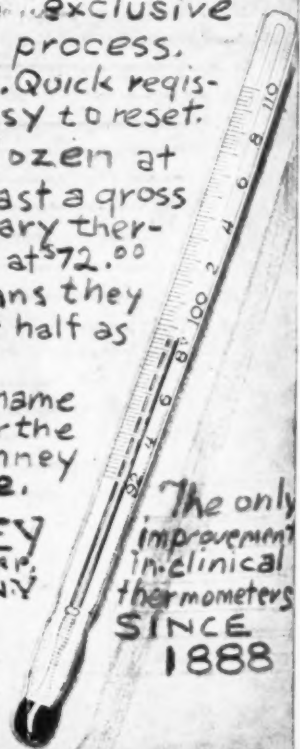
Three dozen at \$36.00 outlast a gross of ordinary thermometers at \$72.00 which means they only cost half as much.

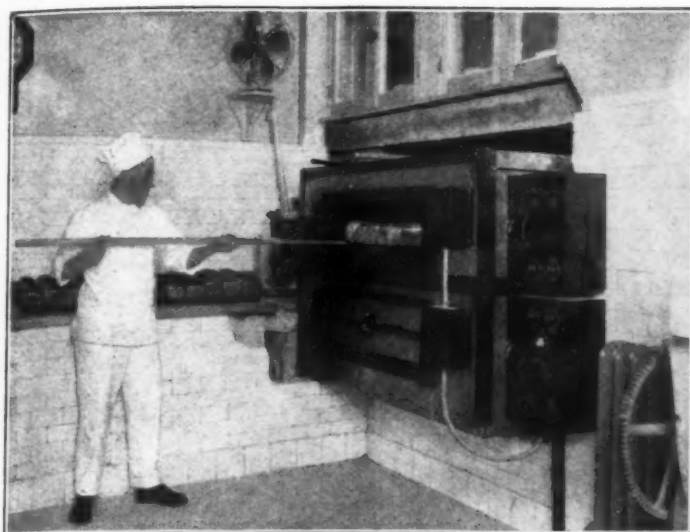
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INSTRUMENT CORP.
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improvement
in clinical
thermometers
SINCE
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Above
Edison Electric Bake Oven

Kitchens of the new
Latter Day Saints' Hospital, Salt Lake City
Edison Electric Equipment



Right
Three Edison Electric
Range Cooking Tops
Edison Electric Roasting Oven
Edison Electric Oven Toaster

EDISON Electric Cooking Equipment In This Modern Hospital

In the kitchens of the new Latter Day Saints' Hospital at Salt Lake City, said to be the most modern hospital in the United States, you will find complete Edison Electric Cooking and Baking equipment. This is just one of the many modern hospitals to adopt Edison Electric equipment.

The patients are thus assured of perfect, well cooked food and the hospital has found the clean, convenient method of cooking—electrically. And the operating cost is remarkably low.

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EDISON ELECTRIC APPLIANCE CO., Inc.

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Toasters



Ranges, Etc.



AN INVITATION TO PHYSICIANS

Physicians in good standing are cordially invited to visit the Battle Creek Sanitarium and Hospital at any time for observation and study, or for rest and treatment.

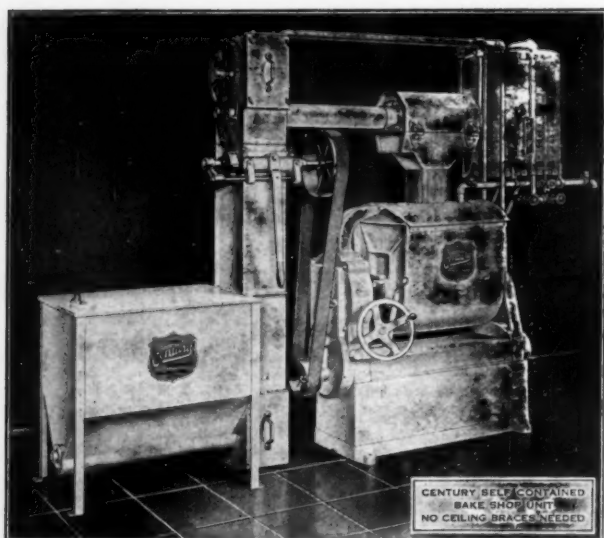
Special clinics for visiting physicians are conducted in connection with the Hospital, Dispensary and various laboratories.

"Physicians in good standing are always welcome as guests, and accommodations for those who desire to make a prolonged stay are furnished at a moderate rate. No charge is made to physicians for regular medical examination or treatment. Special rates for treatment and medical attention are also granted dependent members of the physician's family."

An illustrated booklet telling of the Origin, Purposes and methods of the institution, a copy of the current "MEDICAL BULLETIN," and announcements of clinics, will be sent free upon request.

THE BATTLE CREEK SANITARIUM, Room 331, Battle Creek, Mich.

Bake Shop Outfits for Hospitals of 50 Beds or Over



THIS Century Bake Shop outfit will sift, mix and weigh your flour. It tempers and weighs the water, mixes bread and rolls doughs. It is a wonderful time and labor saver.

Century Bake Shop outfits are built in various styles, from the simplest arrangement of mixer, sifter and water tank, up to a combination, comprising a series of electrically controlled units. Century outfits occupy but little space, are self contained, self-supporting, not necessary to fasten to ceiling or walls, and are unusually quiet in operation, making them especially fitted for use in hospitals.

Any Century Bake Shop unit can be used independently or in connection with equipment of other make.

If you are contemplating the installation of any equipment or of making additions to your present plant, be sure that you secure Century lay-out sheets, prices and complete information on Century units before final selection is made.

Write for prices and literature giving detailed information.

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All Century Machines Are Built in Sizes Suitable for Small or Large Institutions



The holder is so constructed as to hold:

Glass tube—
Cylindrical paper tube or
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A "BUFFALO" Chopper Saves Time, Gives Better Results

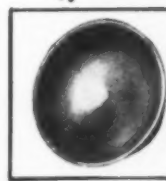
EVEN by hand you cannot chop meats, vegetables and salad materials with the same fineness, uniformity and as little juice loss as you can with a "BUFFALO" Chopper

Think of the time it saves! A "BUFFALO" will chop as much in 10 minutes as a man will chop by hand in two hours and a half. It cuts with a draw stroke, like a knife, no mashing, no squeezing; easy to clean.

It saves labor in a thousand ways—chopping meats, vegetables and salad materials, making bread crumbs and grated cheese, preparing fruits, nuts, mixing mayonnaise and pastes. It enables you to utilize many articles ordinarily thrown away, thereby cutting down food bills.

The "BUFFALO" is built to last; a strong, sturdy machine that keeps working and never breaks down. Over 3000 in daily use.

JOHN E. SMITH'S SONS CO., BUFFALO, N. Y.



Model 161 "Buffalo" Chopper is furnished with removable bowl.

This machine is also built with "Buffalo" grinder attached.

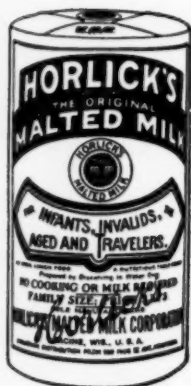
Hotel Chase, St. Louis, Mo., has "Buffalo" equipped kitchen.



BUFFALO MEAT, FOOD and VEGETABLE CHOPPER

In special problems of diet use

Horlick's *The Original* Malted Milk



Standard of quality for
more than a third of
a century

Where a delicate and easily assimilated diet is desired "Horlick's" will please the patient and give satisfaction to physician and nurse.

Where the vitamins and mineral elements of rich, full-cream milk and of the choicest malted grains are essential—use "Horlick's."

Refuse Imitations

Don't throw away good fruit

This (electric) Sunkist Fruit Juice Extractor will save many dollars' worth of fruit each month. Read this:

OLD-fashioned hand squeezers were tiresome and annoying, but worst of all, they were *wasteful*. Much of the juice was thrown away with the rind.

The (electric) Sunkist Extractor, illustrated here, scientifically extracts every drop of juice from every orange or lemon. Only the worthless rind and hull are thrown away when you use this machine.

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For reference, we gladly furnish a large list of hospitals now using it. Cash or terms, if desired.

Mail this coupon for full information

California
Fruit Growers
Exchange

Div. 1406, 154 Whiting St.
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Without obligation, please rush me information regarding the Sunkist Fruit Juice Extractor.

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Street.....
City..... State.....



WHERE are appetites more fickle than in a hospital? Isn't it true that many a good meal has been spoiled solely for lack of an appetizing setting?

With AMERICAN Paper Products of Distinction dietitians can afford to add the little home like refinements to the service. These paper articles are quite inexpensive, very convenient and withal so remarkable in their imitation of fine lace and linen that they are eagerly welcomed by the patient.

For example, AMERICAN Tray Covers are beautiful reproductions of embroidery and linen. They are fashioned to fit exactly the standard aluminum trays. They are water resistant and marvelously fresh and sanitary in appearance and fact.

If your dealer cannot supply you with AMERICAN Paper Products, then order direct. A catalogue will be sent on request.

TRAY COVERS — NAPKINS — DOILIES

"Once Tried—Always Used"

AMERICAN LACE PAPER CO.

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A Suggestion

HOSPITALS are finding it profitable to have copies of *THE MODERN HOSPITAL* sent to their trustees, especially the executive committee, each month.

It gives a picture of hospital routine—presents an opportunity for a layman to learn something about hospital problems and offers a way to become better acquainted with matters of major importance in the hospital administrative affairs.

Suggest at the next meeting of your Board that a subscription to *THE MODERN HOSPITAL* be entered for each one of your trustees.

The Modern Hospital Publishing Co., Inc.
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If you knew about this wouldn't you act?

If you knew, that, beginning tomorrow, you could radically reduce the waste, the slopping, the refrigeration cost, and the uncertainties entailed by the use of bulk milk; if you knew that there was a *better* milk for practically all of your needs . . .

Wouldn't you act?

We can assure you, conservatively, without any exaggeration, that all these advantages may definitely be realized.

They are being enjoyed at this moment by many of the best-conducted hospitals in the country, and by many of the finest hotels, where similar problems have to be solved.

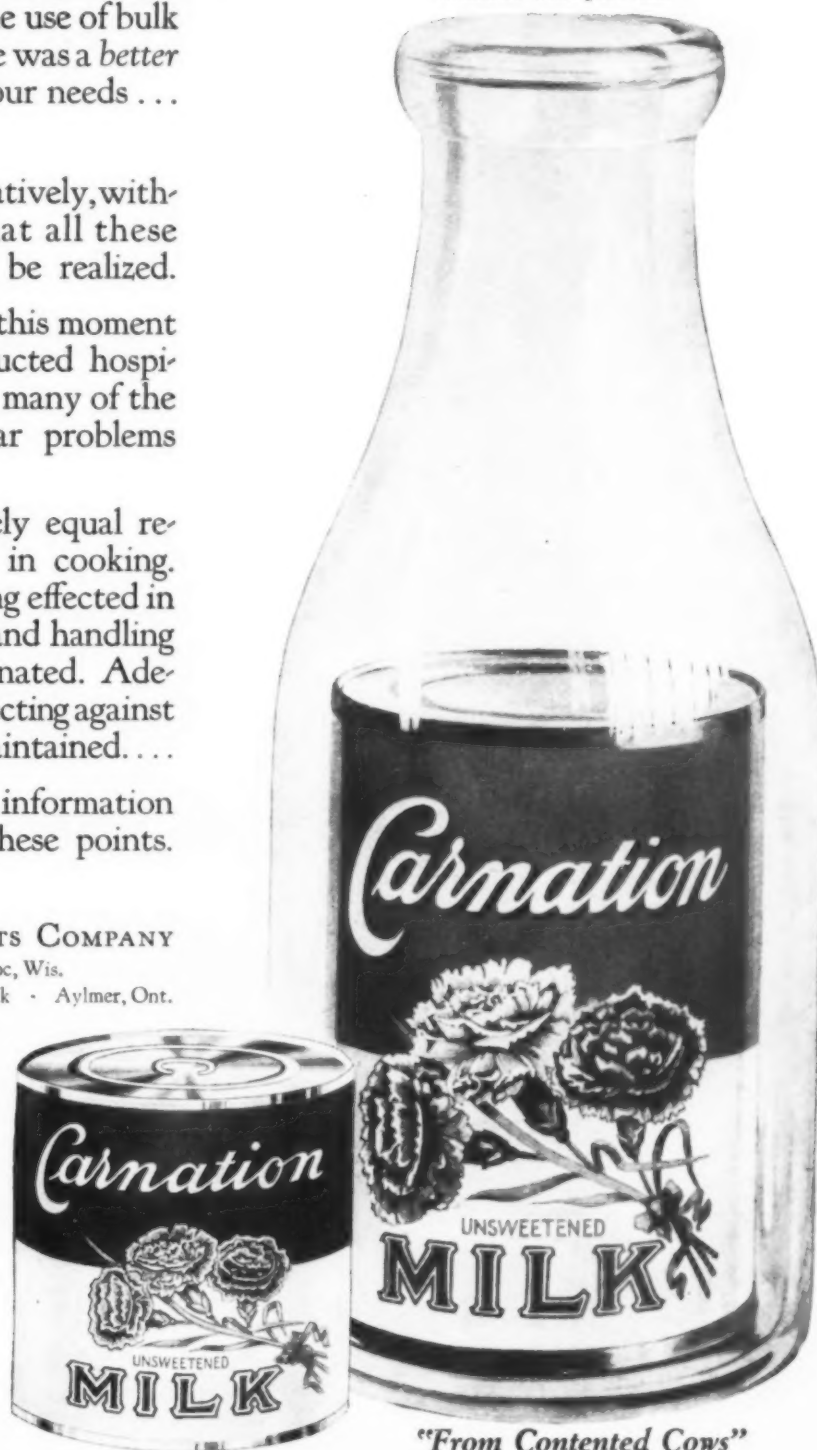
Superior results—not merely equal results—are being obtained in cooking. Notable economies are being effected in a variety of ways. Storage and handling annoyances are being eliminated. Adequate reserve supplies, protecting against any emergency, are being maintained. . . .

We have some interesting information to give you, covering all these points. Please write for it.

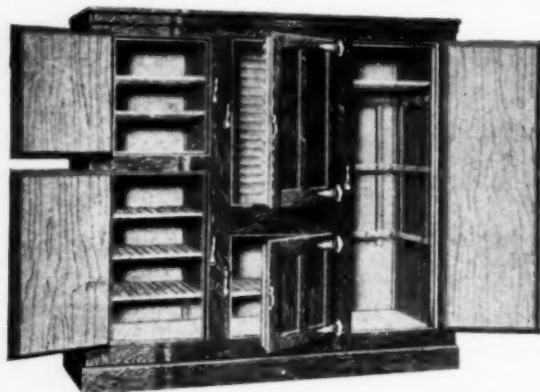
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You can dilute the double-rich contents of the tall can until the quart bottle overflows with pure milk



"From Contented Cows"



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For Electrical Refrigeration, or Ice

MCCRAY refrigerators are built for use with electrical refrigeration of any type. All models are ready for immediate installation of the cooling unit.

Remember, the quality of the refrigerator itself determines the character of service you receive. The in-built quality of McCray equipment is evidenced by the efficient, economical service they are rendering in hospitals and institutions throughout the country.

From single unit to complete equipment for the largest institution we are in a position to supply refrigerators that exactly meet your need. Our engineering department will submit plans of built-to-order equipment, without obligation. Send the coupon or write now for new catalogs and complete information.

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Salesrooms in all principal cities

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City

State



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In thousands of kitchens Hobart Mixers are saving and making money for their users.

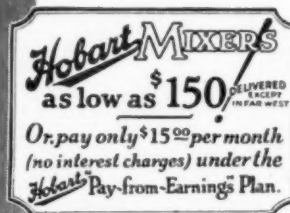
Whether mixing heavy doughs or just a few egg whites; whether whipping potatoes, straining soups, chopping meats, beating mayonnaise, or performing the hundred and one other kitchen tasks which the Hobart does superbly—it pays its way and more in the saving of time, in the saving of labor, in preparing foods of better quality, and in increasing the yield.

There is a Hobart Mixer for every kitchen, large or small. There is other Hobart equipment such as the Hobart Food Cutter, the Hobart Electric Coffee Mill, and the Hobart Electric Meat Chopper, which is being used daily in the leading kitchens in America.

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ADDRESS Dept. M.H.6

**Hobart
Manufacturing
Company**
Troy, Ohio



Hobart Gives More for the Dollar



**Milk
from
Holstein Cows**

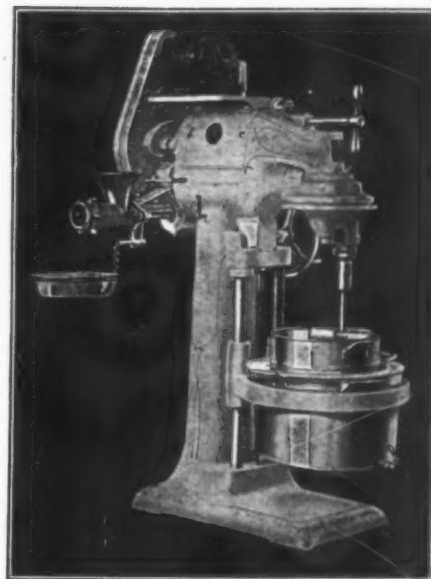
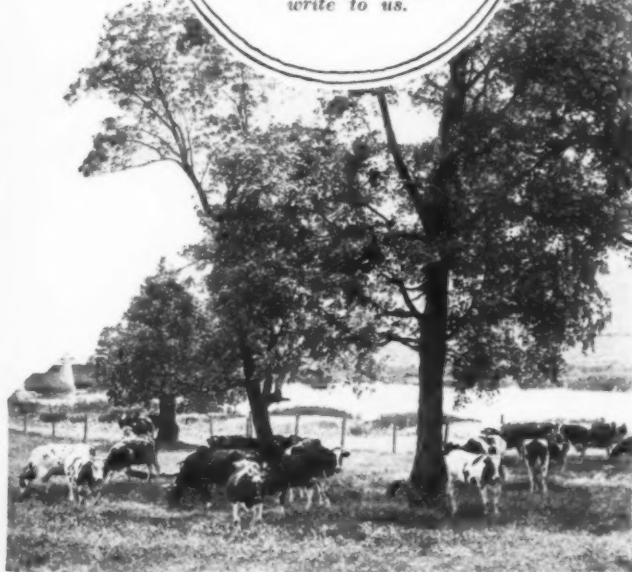
MOST people know that heavy cream in milk causes fleshiness and overweight. To avoid overweight many omit milk entirely from the diet.

Nature did not intend that any person should be deprived of this health giving, most important of all foods. Through the Holstein breed she has made available a milk properly balanced in fat, proteins, sugar and phosphates—rich enough to supply all the body needs but not so rich as to cause excessive weight. The character of the fat globules, finely divided and easily emulsified in the digestive tract makes Holstein Milk especially valuable as a food for infants and those with delicate stomachs. A preponderance of authoritative evidence favors milk of moderate fat content. Nature has provided more cows of this breed than any other. Purebred Holsteins and Holstein descendants predominate in the regions around the great consuming centers.

"What the Doctors Say" is a compilation of evidence from unprejudiced investigators sent free upon request.

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If you are not able to secure a supply of Holstein milk write to us.



NO HOSPITAL KITCHEN

*is complete
without a*

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3-SPEED
KITCHEN MACHINE**

**IT
MIXES—BEATS
MASHES—WHIPS—CREAMS
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**KITCHEN MACHINES
AND
BAKERY OUTFITS**



"CONDITIONS and heavy overhead called for a change and we made it, Doctor! We put in the Autosan Dishwashing Machine. What a difference this modern machine has made! Today our tableware is really clean—and sterilized as well. We have reduced the dishwashing force from four to two, and breakage of our china is practically negligible. I am proud to say our kitchen is now as modern as our operating room, due to the Autosan."

There's an Autosan to fit your dishwashing requirements. Write for interesting folders on cutting dishwashing costs—or see the Autosan at your Kitchen Equipment Dealers.

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DISH AND SILVER
CLEANING
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Quality



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Service

We manufacture and design Complete Kitchen Equipment for hospitals and Sanatoria.

Our China, Glass and Silverware give wonderful service.

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Every modern hospital should have one or more.



Fifty years of Quality and Service back our ability and desire to serve you as well as we are serving many of the foremost institutions in this country.

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TABLE NAPKINS and TRAY COVERS

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The surest proof of the ability of Baker System Refrigeration to cut expenses is this outstanding fact: Baker System Refrigeration should pay for itself in 2 to 3 years. With a Baker you will remove the unsanitary muss and the unreliable temperatures found where ice is used. Stop all food spoilage. Cut ice costs in half. Makes all the ice you may require.

Baker System Refrigeration is recommended by a large number of America's Leading Hospitals. It is particularly recommended by the fact that 87% of the Baker Plants, installed 15 years ago, are still in service.

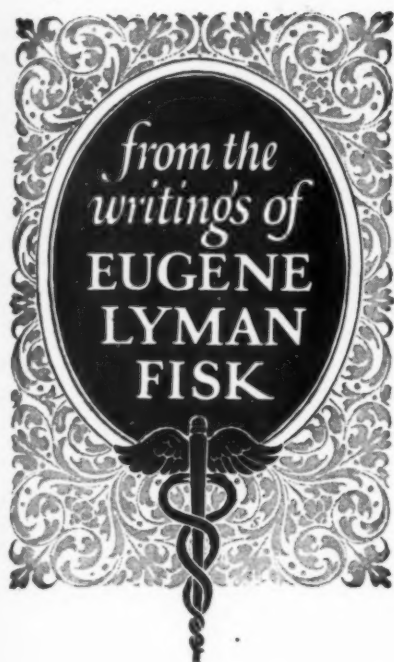
Our engineers will be glad to study your needs and submit a tentative plan without obligation. Send now for our free booklet on refrigeration. Full of facts and illustrations. Write today.



Baker Uni-flow
Safety Head
Compressor

BAKER ICE MACHINE COMPANY
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Baker
SYSTEM REFRIGERATION



"IT is worthy of note that the action of caffeine on the circulation and nervous system is quite uncertain, hence this drug is not used as much in treating the circulation as formerly, as its effect is not always that of a consistent stimulant but may be that of a depressant, depending on the predisposition of the individual. That over-indulgence in tea and coffee is a fairly common source of injury in the industrial population is unquestionably true."

"... A fairly common source of injury ..."

Doubtless you have patients who are suffering from the ill effects of over indulgence in stimulants. When the case calls for a discontinuance of coffee and tea, it has been the practice of thousands of physicians to recommend Postum.

Postum contains no stimulants. It is made entirely of whole wheat and bran, with a little sweetening added. Investigation has shown that four out of every five people who make Postum properly, and try it for thirty days, use it thereafter as their regular mealtime drink.

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Installed and therefore possess a machine which never "goes on a strike". You ought to have this "fool proof" dishwasher in your kitchen, too, in order to be free from all dishwashing worries. Won't you write us today for full information about our "Hospital Special" FEARLESS Machine?

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Some Reasons Why the Carbonic Anhydride (CO₂) System of Refrigeration is Preferable

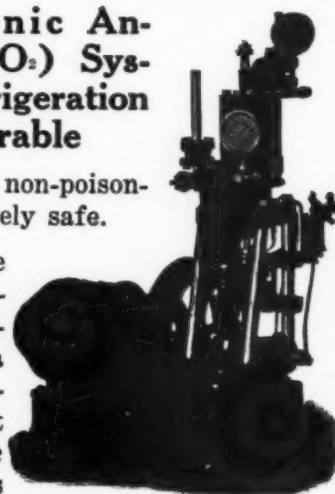
It is odorless, non-poisonous and absolutely safe.

It is the same gas used in carbonating beverages and also a food conservative. On account of the above properties this gas is the logical refrigerant, as it cannot in any way cause any damage or inconvenience.

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Quality First—

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Ariston Quality is fixed and unchangeable.

Every Item of food products bearing the Ariston Brand is of highest possible grade—always—regardless of market conditions.

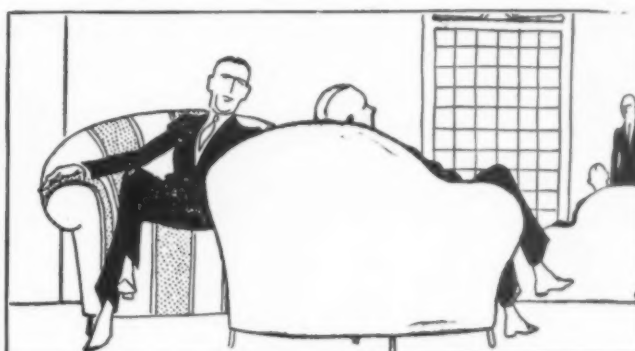
The price is the changeable feature—varying as the markets require, but always returning us a fair profit.

We do not and will not “shade” Ariston Quality.

We do not and will not meet purely price competition with Ariston goods.

See in this a real protection for you as a buyer.

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PRACTICAL!

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EFFICIENT!

IN THE DIET KITCHEN

Dieticians know the value of keeping foods palatable and free from spoilage—They must be kept tempting and in their original freshness—

THESCO DIET KITCHEN REFRIGERATORS



Always High in Quality and Low in Temperature

will keep chilling pure fresh air constantly passing through the chamber giving the Dietician a splendid service performance at a low cost of refrigeration consumption—For upwards of a half century we have built refrigerators for every need and every size with these thoughts always before us

**Efficiency—Durability
Ease of Cleaning—and
Service Beyond
Installation**

Our engineering department manned by draftsmen of long experience will help you with your refrigerator needs.

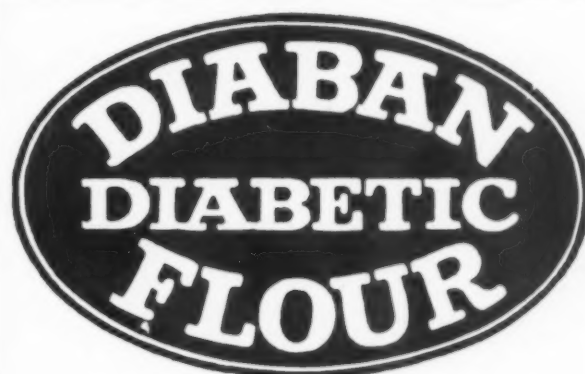
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The most convincing proof of the value of Diaban, as a feature of the diabetic diet, is its wide acceptance by hospitals throughout the country.

Diaban meets the requirements of physicians and dietitians by providing a bread substitute that is appetizing to the patient.

One advantage in Diaban is that it does not contain an excessive amount of protein.

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This type of food truck is being used with excellent results in the Wilkes Barre City Hospital.
Elmer E. Matthews, Supt.

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HOSPITAL PANTRY ELECTRIC TRUCK

Table made of heavy tinned copper with polished monel metal top.

Closet constructed of galvanized metal with reinforced bands.

Sliding Doors.

4 Monel Metal Jars suitable for soups or vegetables.

1 Polished Monel Metal Meat Dish with Rolling Cover.

Table and Closet both heated electrically.
Maximum Current Consumption, 3000 watts.

We manufacture a complete line of French Ranges, Kitchen Equipment and Utensils and are in a position to give your requirements prompt attention.

DUPARQUET, HUOT & MONEUSE CO.

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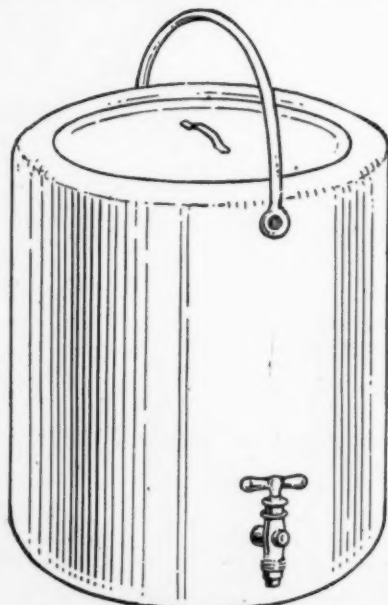
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Solves the Milk Service Problem

Lyons Hospital Milk Urns have long been recognized as the ideal method of milk storage and service in the main kitchen or diet kitchen.

The question of carrying the milk about the hospital and serving at the bedside of the patient still remained an unprotected and dangerous link in the milk service, particularly in those hospitals where food service is centralized from the main or central kitchen.

To meet this condition there has been developed the new Portable Lyons Milk Dispenser which solves the problem of milk distribution and enables us now to offer equipment to meet every milk storage and service condition in the hospital as well as provide a complete system of milk service which has received the approval of leading hospital executives.



The New Portable Lyons Milk Dispenser

Designed to be filled from Lyons storage urn in central kitchen and then distributed to the various floors and wards for use during meal service.

Easily carried by nurse, or can be placed on food cart or tray wagon for bedside service. Can be used on dining tables in schools, allied institutions or sanitariums.

Made of Wearever aluminum — light yet strong. Double wall construction, providing air jacket insulation which maintains proper temperature of milk during meal service without the use of ice.

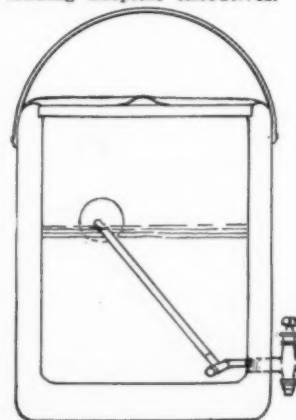
Size—10 inches in diameter—13 inches high. Capacity 8 quarts.

Can be sterilized in ordinary utensil sterilizer if desired.

Tight fitting cover—protecting milk from possible contamination.

Sturdy pall handle for carrying.

Equipped with Lyons patented faucet and float tube arrangement insuring even distribution of butterfats in every glass served. Offers an economical and efficient means of milk service. Special discounts on quantity purchases.



Cross section new portable Lyons Milk Dispenser

SEND FOR SPECIAL BOOKLET

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The Quaker Oats Company
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The **New Pettijohn's**
WHOLE WHEAT CEREAL



Light, Fluffy Mashed Potatoes are certain with the **STERLING Masher**

BY FIRST grating the potato and then forcing it through a finely perforated disc at the bottom of the cylinder, the Sterling Masher eliminates all hard pieces and produces a light fluffy dish of potatoes that pleases the most discriminating patron.

The Sterling No. 22 Potato Masher is simple in construction, substantially made, is taken apart and can be cleaned quickly and thoroughly.

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Write for illustrated literature showing both hand power and electric motor driven masher in addition to the rest of the Sterling line of kitchen equipment.

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High Class Ornamental Bronze Iron and Wire Work

Portrait
Tablets
Door Plates



CAST BRONZE PORTRAIT TABLET

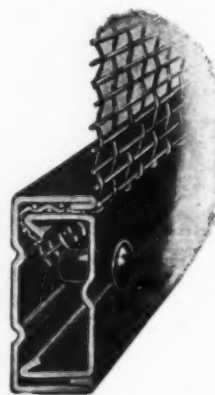
Inscription
Tablets
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CAST BRONZE DOOR PLATE

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The Cincinnati Manufacturing Co.
1632-1638 Gest St. Cincinnati, Ohio



Cross Section of
Frame

Cinmanco Rewireable all Metal Screens

Will not rot, warp, shrink or swell and smooth operation is assured.

Frames are made from cold rolled galvanized steel, with copper content, which insures

longer life than the ordinary steel.

Equipped with Wickwire genuine bronze wire cloth, which will defy time. Used in prominent hospitals throughout the United States. Endorsed by architects, engineers and physicians.

Write for our catalog, which has been prepared for your use.

Agencies in principal cities.

The Cincinnati Fly Screen Company
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Nu - Polar Still for Hospitals

Here's a perfect still for the hospital. Nu-Polars produce chemically pure water—superior in palatability to the best known table waters.

Nu-Polar Stills absolutely end all water troubles.

Easy to clean and can be flushed out in less than 5 minutes. Nothing to get out of order. Guaranteed for two years against defective parts.

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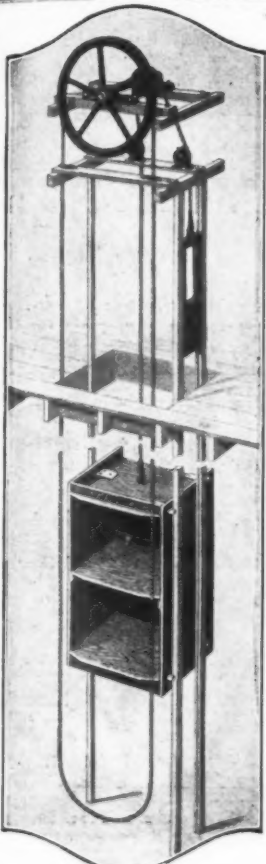
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COST
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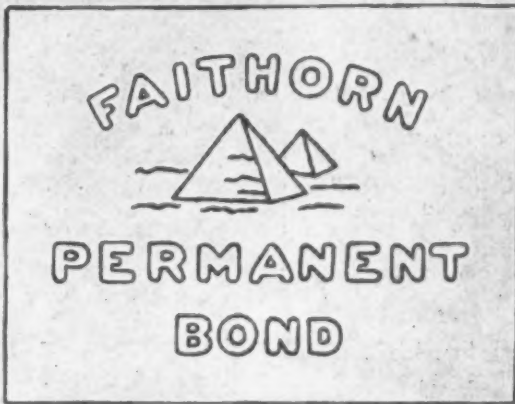
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DUMBWAITERS
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**SEDGWICK
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May be identified by the above watermark. Faithorn Case Records were authorized by the
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Quantity production makes possible a very attractive price at this time. To complete the service, we are offering Faithorn Filing Cabinets in any color or style to conform to your present office equipment. We will counterbalance nothing less than your absolute satisfaction with Faithorn Case Records and Faithorn Filing Cabinets.

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—when you use NU-GAUZE STRIPS (selvedged)

There is a width and a kind suitable to your specialty or practice.

Plain Sterile	Iodoform (5%)	Acriflavine (1:133)
Mercurochrome (1%)	Petrolatum	Acriciolet (1:250)

All of the above in 1/4-, 1/2-, 1- and 2-inch widths.

NU-GAUZE STRIPS ARE ALSO SUPPLIED TO HOSPITALS, UNSTERILIZED IN 100-YARD ROLLS, NON-MEDICATED.

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New Reduced Prices on Hospital Pads

but no reduction in the generous size and Johnson & Johnson quality.

These all-cotton pads are 4" x 9" with a 5" gauze tab on each end. This liberal length insures comfort to bed patients.

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New Brunswick, N. J., U. S. A.
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Equipped with patented side fine adjustment. Screw Substage with Abbe Condenser N. A. 1.20, three achromatic objectives, 16 m/m and 4 m/m dry and 1.8 m/m immersion, triple nose-piece, two eyepieces, complete in mahogany cabinet.

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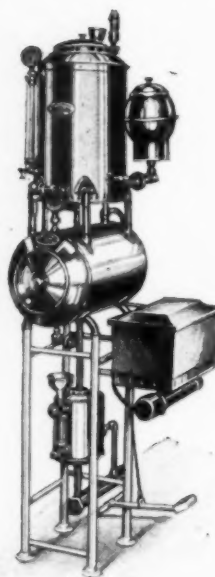
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IN A range of sizes to meet any requirement, our electrically heated sterilizers are advantageous for dressings, instruments, utensils or water.

The great advantage is that they are always ready for emergency work night or day without the expense of steam maintenance.

Can be had in highly polished copper or nickel plated equipped with efficient heating element controlled by snap switch for high, medium or low heat.

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Blue Book

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1. Kitchen Equipment
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**TAX
FREE**

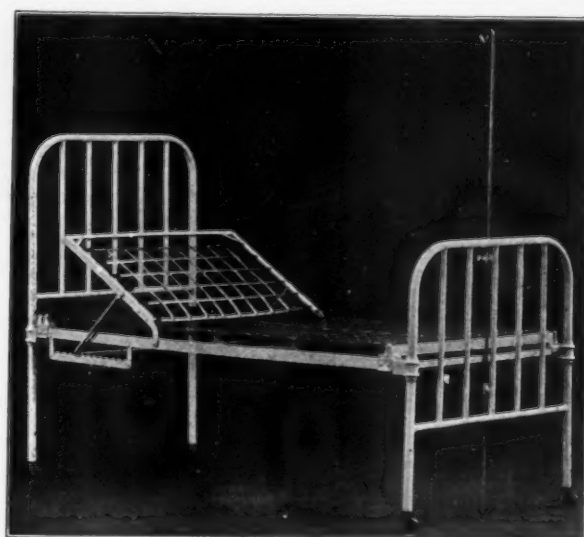
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**MALLEABLE
CORNER LOCKS
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Furnished with—
Back Rests
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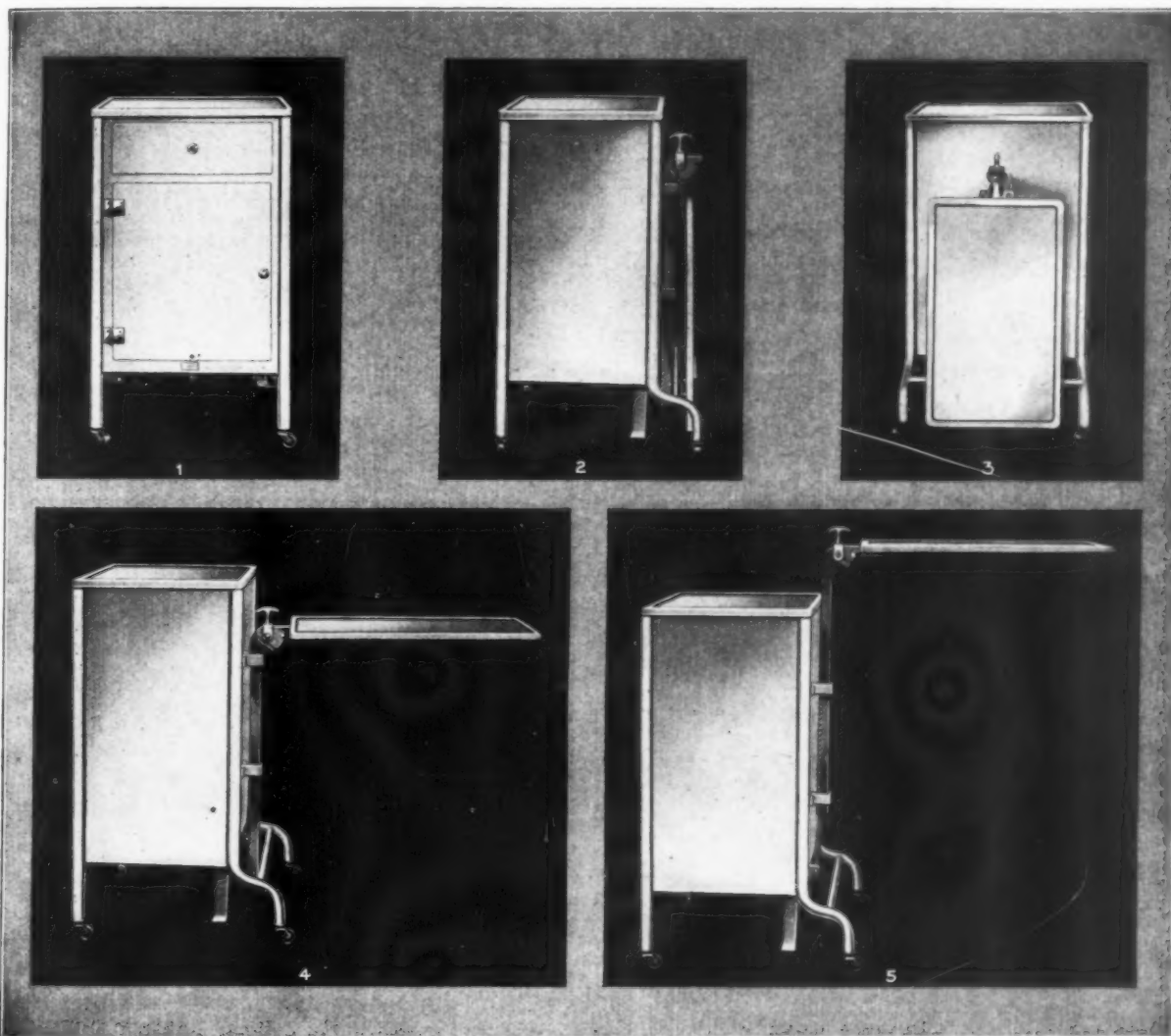
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And Now—
"Schoedinger's Combination Bedside Table"

That new combination bedside and overside table that has received the unqualified approval of every hospital that has examined its operation.



(Patent Pending)

No. 1 Shows front view, tray section behind table.

No. 2 Side view showing tray in vertical position.

No. 3 Shows rear view, with tray in vertical position.

No. 4 Shows tray extended in horizontal position to accommodate patient when sitting in chair and is 30 inches above floor.

No. 5 Shows tray section raised to 41 inches in height for over-bed use. Tray extends from table proper 29 inches.

When raising tray attachment, it automatically locks in any position and can only be lowered by raising slightly and pressing down slightly on foot pedal. Tray when raised to horizontal automatically locks. No accidents can happen when this table is used.

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Precision Apparatus is a quality product.

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*Sold, installed and serviced
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*Illustrated Descriptive Literature
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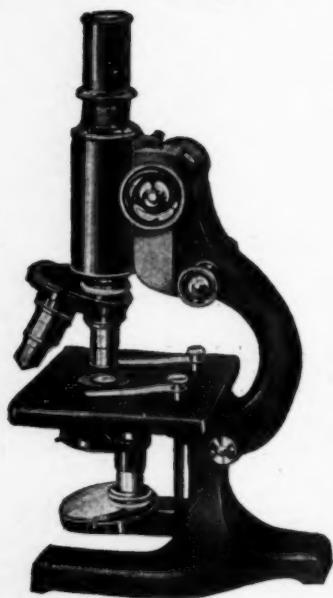
*Some desirable territory still
available. We invite corre-
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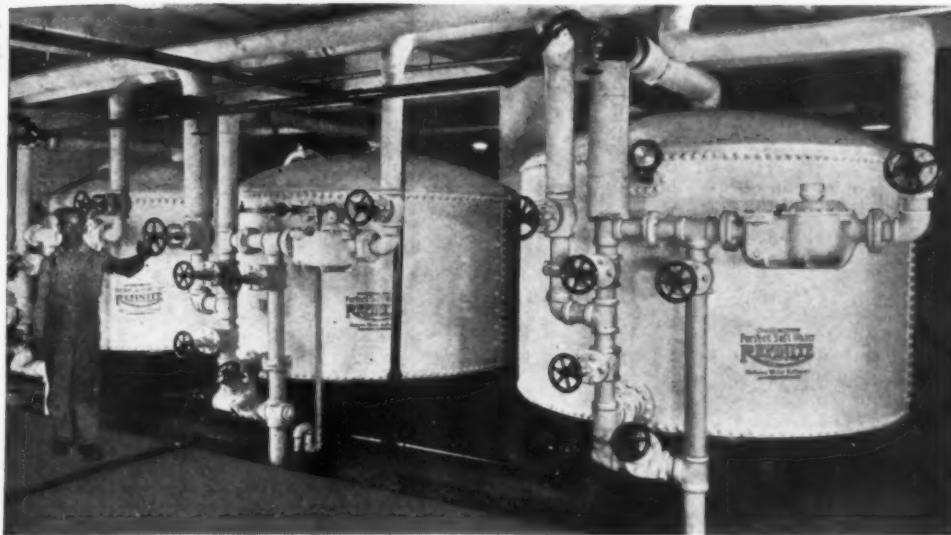
Prompt shipment can be made of any of the types made by the above manufacturers.

We solicit your inquiries, and offer our expert advice as to the particular type of instrument best suited to your purpose.

We also carry a full line of microscopic accessories, such as slides, cover glasses, stains and other reagents.

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That hospitals need soft water is generally admitted. It only remains to select the water softener that has proven most perfect over a period of years. REFINITE has stood the test of time.



THE REFINITE COMPANY

Manufacturers Zeolite Water Softeners

REFINITE BUILDING — OMAHA, NEBRASKA

There are certain qualifications that the buyer of a water softener for hospitals and other purposes should always bear in mind, by carefully considering the merits of a certain type as compared with others which are offered to the public.

Unless a softener has demonstrated its worth by years of successful operation, it cannot be purchased with assurance and confidence.

Whether a water softener is of the highest type or one of mediocre quality depends most of all on the mineral. Outstanding features required of a successful water softener of the highest type are as follows:

- MINERAL WITH GREATEST CAPACITY**
- MINERAL FREE FROM IRON RUST**
- MINERAL PROVEN TO HAVE LONGEST LIFE**
- MINERAL REQUIRING LEAST REGENERATIONS**

Refinite Rapid Mineral can be regenerated in thirty minutes and when used with our

REFINITE
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TRADE MARK

rapid generator it makes the greatest improvement in water softeners within the history of this water softening process. The rapid re-

generator does away with the cumbersome salt tank. The three 96" units in the Kimball Laundry, Omaha, Nebr. are regenerated by the small tank shown in the cut above. The size of the units and the salt tank illustrate the relative size of each. The regenerator can be located on the floor above or below, or anywhere where a little space is available. It is usually located at the salt storage bin, thereby saving much labor. It saves salt, labor, water and space. Capacity is based on American Standard Soap Test as prescribed by the American Public Health Association. It is most rigid and eliminates all guesswork. No other should be used.

One who buys without investigating the merit of REFINITE is taking an unnecessary risk. Inquire of any user of a Refinite Softener and invite comparisons. Over three thousand softeners in daily use in United States and Canada.

A few of the hospitals using Refinite Softeners are as follows:

U. S. Veterans Hospital, Chicago, Illinois.
Government Hospital, Regina, Sask.
Nebr. Methodist Hospital, Omaha, Nebr.
St. Francis Hospital, Waterloo, Iowa.
St. Joseph Hospital, Sioux City, Ia.
German Lutheran Hospital, Sioux City, Ia.
New Madison Hospital, Madison, S. D.
Providence Hospital, Moose Jaw, Sask.
Provincial Hospital, Battleford, Sask.

REFINITE COMPANY,
Refinite Building, Omaha, Nebraska.

We are interested in water softeners. We need
..... gallons every hours.
Hardness of water grains.

Name.....

Address.....

Gendron Wheel Chairs

*The
Largest
Line
in the
World*



No. 659
For low cost, absolute
comfort and easy operation,
this chair has
positively no equal.

Ball Bearings, wired-on rubber tires, adjustable arms, commode attachments, self-propelling devices, Marshall spring construction and other features designed for the comfort and convenience of the invalid and ease of operation, are just a few reasons why you should investigate the Gendron line before buying. Send for catalog.

Write for particulars on the
NAYSMITH (Patented) Self-Adjust-
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THE GENDRON WHEEL COMPANY
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Kewaunee Laboratory Furniture



Dietetic Table No. 16020

Equipped with two burner, elevated gas stove. Piping to floor line. Double cupboard. Four large drawers and four cutting boards.

BUSY HOSPITAL EXECUTIVES

like the convenience of Kewaunee Laboratory Furniture. Every single desk, table, cabinet, or other article has its particular use, to which it is perfectly adapted.

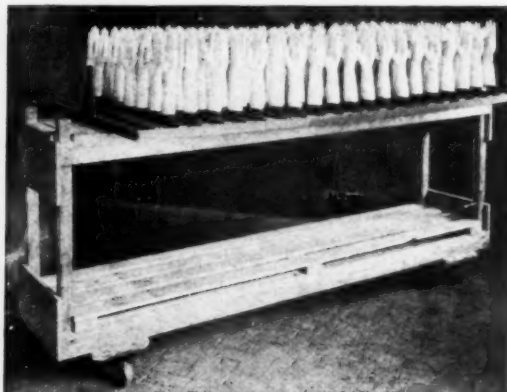
Also very economical. There is scarcely a Laboratory Furniture need in your Hospital but what can readily be supplied with one of our Standardized Desks—over 500 designs.

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The cut above shows surgeon glove forms fastened upon the steel frame ready for dipping into liquid rubber. The FORMS are made of the finest obtainable porcelain, white in color, shaped to conform to the hand and wrist, perfectly smooth and always kept clean.

The above is one of a series of sketches describing the closely supervised processes followed in manufacturing WILSON GLOVES according to such standards as will positively

Reduce Your Glove Costs

THE WILSON RUBBER COMPANY
CANTON, OHIO

SELLING TO JOBBERS ONLY

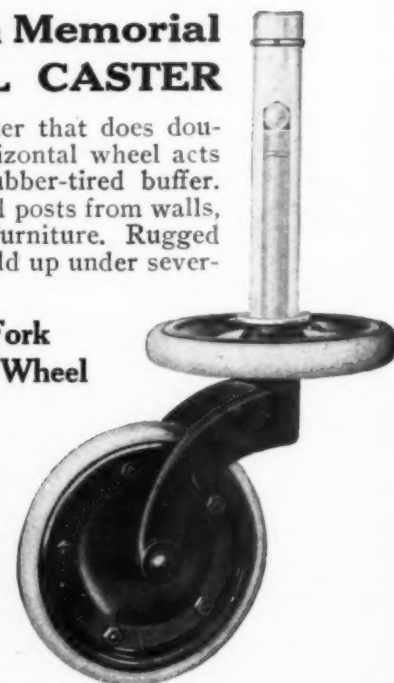


J. N. Adam Memorial HOSPITAL CASTER

A two-in-one caster that does double duty. The horizontal wheel acts as a revolving, rubber-tired buffer. It fends off the bed posts from walls, door casings and furniture. Rugged construction to hold up under severest usage.

Malleable Fork Pressed Steel Wheel

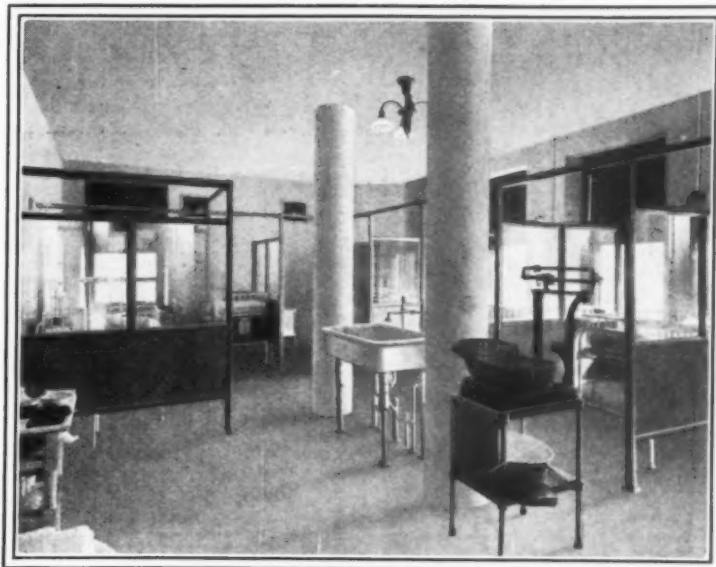
This type of caster-fender can be made to meet special requirements, with different length stems and wheel sizes. It is noiseless, easy running and practically unbreakable. Has renewable J & J clincher type rubber tires. Write for samples and prices.



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Gardner Ward, First Floor Nursery
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For Children's Wards

PARENTS like the health-promoting atmosphere of Weisteel semi-private wards—especially those who desire, but cannot afford, private rooms.

They permit attractive rates for the patient by reason of low cost to the hospital, both for installation and upkeep.

Weisteel Cubicles are quickly and quietly installed under the Weisteel Professional Service Plan, and are a lasting, profitable investment for any hospital.

Just send a simple layout of your ward space. We will send you complete recommendations and quotations without obligation.

Weisteel Cubicle Advantages:

1. Alleviation of cross infection.
2. Permit greater classification.
3. Segregation according to condition and ailment.
4. Cross ventilation without noticeable draft.
5. Reduction of nurse's travel.
6. Greater privacy and increased quiet.
7. Patients do not face the daylight.

Architects specify more Weisteel Compartments than any other make.

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A corps of experienced engineers is maintained for the convenience of Weisteel users. Just send a simple layout of your room space to our factory office. These engineers will lay out complete specifications, taking full advantage of your facilities with a minimum cost to you. Quotations and specifications will be sent you with no obligation attached.

Cubicles will come to you (after acceptance of quotations) with simple diagram and erection instructions, so that your building handy man can quickly and quietly install them. No worry, no bother, no cost of unnecessary items or specialized labor

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Toilet and
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HENRY WEIS MANUFACTURING CO., INC.
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IN THE Fairbanks Health Scale, illustrated, you have a finely constructed, springless scale made to give traditional Fairbanks accuracy—built from base to beam for remaining true under constant hard use.

This scale is handsomely white enameled, has nickel trimmings, matching in fine appearance other high grade hospital equipment. It is light and compact. Weighs by quarter pounds up to 300 pounds. A measuring rod for reading heights is supplied at small additional charge, if desired.

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Fairbanks Health Scale

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Preferred the  World Over

NEW YORK
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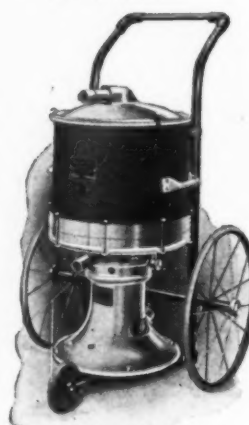
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Let these reasons govern your selection of cleaning equipment during 1926.

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The DUNHAM REG. TRADE MARK HEATING SERVICE

The Dunhamized Hospital is Quiet

SILENCE in a heating system in a modern hospital is an essential.

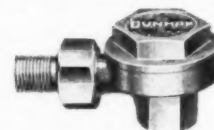
¶The Dunhamized Hospital banishes from the building noises that less silent systems of heating have not been perfected to overcome. ¶Consequently, hospitals in every state and in many foreign lands in increasing numbers are using Dunham Heating. ¶For the requisite of silence through the service of the Dunham Radiator Trap has been amply demonstrated during more than twenty years of service in American hospital buildings.

For further information about Dunham Heating Service for Hospitals, address

C. A. DUNHAM CO.
DUNHAM BUILDING

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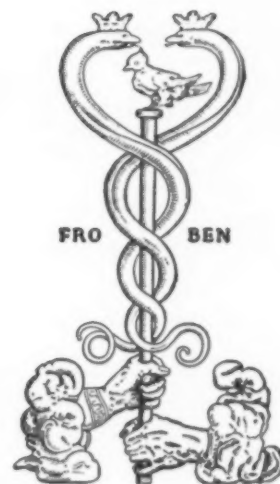
The Dunham Thermostatic Radiator Trap

Over sixty branch and local sales offices in the United States and Canada bring Dunham Heating Service as close to your office as your telephone. Consult your telephone directory for the address of our office in your city.

Gentle Methods Most Scientific



IN the 16th C, Michael Servetus, a Spanish physician, was burned at the stake for publishing a book of medicine in which he advocated the use of pleasant syrups to conceal the nauseous taste of cathartics, whose mere names now act as emetics.



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Even down to very recent times, many physicians administered more or less violent vegetable or animal oils in the treatment of constipation.

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Stanolind Liquid Paraffin (Heavy)

is of ideal viscosity to act with gentleness as well as power upon the bowel contents. It is a rich, heavy-bodied mineral oil. It has maximum lubricating power, because it passes slowly and steadily through the intestinal tract.

Before making your purchases for the year, consult the laboratories of the Standard Oil Company (Indiana) makers of

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X-Ray and Physiotherapy Equipment



THE ENGELN ELECTRIC COMPANY

SUPERIOR AVENUE AT THIRTIETH STREET, CLEVELAND, OHIO

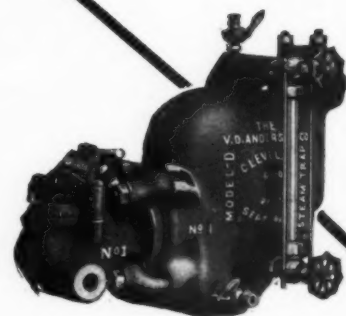
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Are used in U. S. Government Hospitals

You also will get greater efficiency from your steam using apparatus such as sterilizer, laundry equipment and kitchen equipment, if you install Anderson Steam Traps in your steam lines.

That means you can operate your steam using equipment with less steam and less coal.

There is an Anderson Steam Trap that will meet your requirements. Write us for full information and let us tell you how Anderson Steam Traps will help you.



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The color quality of daylight has particular and important advantages over ordinary artificial light. Under daylight skin and flesh colors are always seen naturally, quickly and without effort or uncertainty.

Macbeth Daylighting is a satisfying visual reproduction of good natural daylight produced with standard clear glass incandescent lamps and accurate colored glass filters.

Now in use over ten years, approved and used by thousands of color experts in widely different fields where "seeing as in daylight" is important.

A carefully engineered lighting system, adapted to the location.

Macbeth Daylighting Company, Inc.

Manufacturers of equipment for the scientific reproduction of daylight

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NEW YORK

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No place requires so strict a standard of sanitary cleanliness as the hospital kitchen.

Here food is stored, handled, cooked and prepared for service to sick and convalescent patients.

Hundreds of hospitals have standardized



for all their kitchen cleaning, because they have proved by their actual use its unequalled efficiency and economy.

Refrigerators can be easily cleaned and kept sweet and sanitary: cooking utensils and kitchen equipment, tables, meat blocks, and mixing machines can be quickly and thoroughly washed free from grease and odors; china, glass and silverware in machine and hand washing can be washed crystal clear and faultlessly clean.



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It Cleans Clean

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6th Edition

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Hospitals save both time and money when Eastman Gauze-Cutting Machines are used for all gauze dressings, wound pads, cellucotton, and material for sleeping garments. Anyone can operate them. Ask for a free demonstration in your own hospital. No obligation.

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Cabinet equipped with large rubber tired wheels.

Easily readable milliampere-meter. (Double-scale.)

Intermediate Model "V" contains the best points discovered through years of experience and experimentation.

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SMOOTHTEX

ASEPTICALLY PACKED AND WRAPPED

TONGUE BLADES & APPLICATORS

Manufactured
By

John H. Mulholland Co.

1033 Chestnut Street
Philadelphia, Pa.

E-Z Patches Mend and Save Surgeon's Gloves

SO THIN that the sense of touch is preserved, E-Z Patches mend gloves and other rubber goods quickly and certainly. Sterilization vulcanizes the E-Z Patch to a torn or punctured glove, while a heated iron and a cloth will vulcanize an E-Z Patch to a hot water bottle.

Hospital Package of 75 E-Z Patches in assorted sizes, \$1.00

THE E-Z PATCH CO., AKRON, OHIO

PIONEER SPECIAL GLOVES

Meet All Requirements of Surgeons
and Nurses

QUALITY

PRICE

SERVICE

Sample pair FREE upon request, for testing. Where we have no distributor, orders will be filled direct.

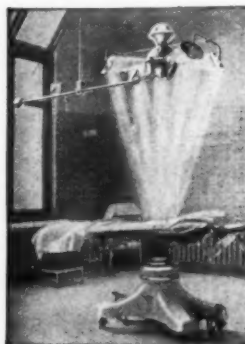
This mark
is your
guarantee.

Pioneer
SPECIAL

THE PIONEER RUBBER COMPANY

MANUFACTURERS

WILLARD, OHIO U. S. A.



Position for
Laparotomy

Operay Multibeam

SURGEONS MOST VERSA-
TILE OPERATING LIGHT

A nurse without entering the sterile field can position the Operay Multibeam Light for all the basic operations listed. It can be varied in height, angle and location to an accurate degree during an operation without danger to the patient or inconvenience to the surgeon.

The light itself is a pure white light totally free from vision obliterating shadows.

USED IN

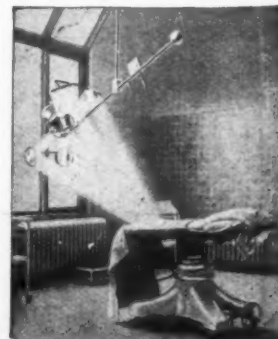
Laparotomy,
Perineal,
Trendelenburg,
Gynecology,
Tonsillectomy.

Send for descriptive literature, list of installations and price.

V. Mueller & Company

Ordan Ave., Van Buren and
Honore Streets,
CHICAGO

Operay on an angle;
positioned for Perineal.




Of Course, You're Going to the Convention of the American Hospital Association



Then you had better make your reservations immediately, at The Ambassador where the life of the Convention will be.

THE AMBASSADOR is the largest absolutely fire-proof resort hotel in Atlantic City—famed for its food, service, hospitality and refined atmosphere, even more than for its luxurious furnishings.

Upwards of 800 OUTSIDE rooms, each with private bath and twin beds.

 **THE AMBASSADOR** has reduced its rates as a special compliment to members of the American Hospital Association and their guests.

Directly on the Boardwalk and facing the best beach on The Atlantic Coast, Ambassador guests have the privilege of dressing in their rooms for surf bathing. There is also a sea-water swimming pool in hotel for exclusive use of guests.

Rooms with private bath for single occupancy—\$5 to \$10 per diem.

Rooms (twin beds) with private bath for double occupancy—\$4, \$5, \$5.50 and \$6 per person, per diem.

The week of September 27th is one of the busiest of the season in Atlantic City and those who delay making reservations will be disappointed. Get yours now!

The Ambassador
ATLANTIC CITY, N. J.

Let Us Help You Equip Your Hospital Laboratory

WE HAVE Everything for the Laboratory

Write for Reprints Nos. 1, 3, 4 and 5,
describing Incubators, Urine and
Blood Testing Apparatus,
Centrifuges and
Colorimeters.

Cenco-House of Service

We can
supply ap-
paratus for all
the latest meth-
ods in Urinalysis,
Blood Examinations,
Bacteriological Examina-
tion, Biochemistry.

CENTRAL SCIENTIFIC COMPANY
LABORATORY SUPPLIES
460 E. Ohio St. Chicago, U.S.A.

Why we say— “an improved sodium hypochlorite”

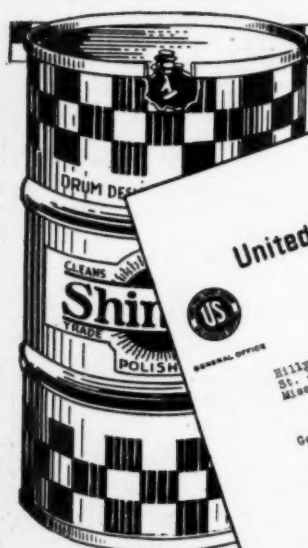
Laboratory tests and the clinical
experience of a large number of the
country's leading hospitals have
both disclosed several marked ad-
vantages in Zonite over the usual
Carrel-Dakin hypochlorite.

Zonite is stable and in the presence
of organic body fluids it is much *more*
effective germicidally than the ordi-
nary Carrel-Dakin in the *same*
chlorine concentration.

Furthermore, the simple operation
of diluting Zonite with an equal
volume of water gives the working
hypochlorite solution ready for im-
mediate use — without testing!
Zonite Products Company, 250 Park
Avenue, New York, N.Y.

Zonite

May we send you, gratis, a
trial supply of Zonite and
our new booklet—“Hypo-
chlorite in Medical Practice”?



**BRANCHES
AND
WAREHOUSES
LOCATED IN
24
PRINCIPAL
CITIES**

United States Rubber Company
PACIFIC COAST DIVISION
300-336 SECOND ST.
SAN FRANCISCO, CAL.

EVERYTHING
IN
RUBBER

April 3, 1928.

Hillyard Chemical Company,
St. Joseph,
Missouri.

Gentlemen:

Attention - Mr. Fred R. Warrick, Jr.
“Shine-All” has been thoroughly tested in our
laboratories and found to be absolutely non-alkaline.
We are using it ourselves, and several large installations
that have purchased it report excellent results on U. S.
Rubber Tile. You may refer any of our customers to us
for further confirmation.

Yours very truly,
UNITED STATES RUBBER COMPANY
Pacific Coast Division

[Signature]
Manager Mechanical Goods

EDC:EM

Shine-all

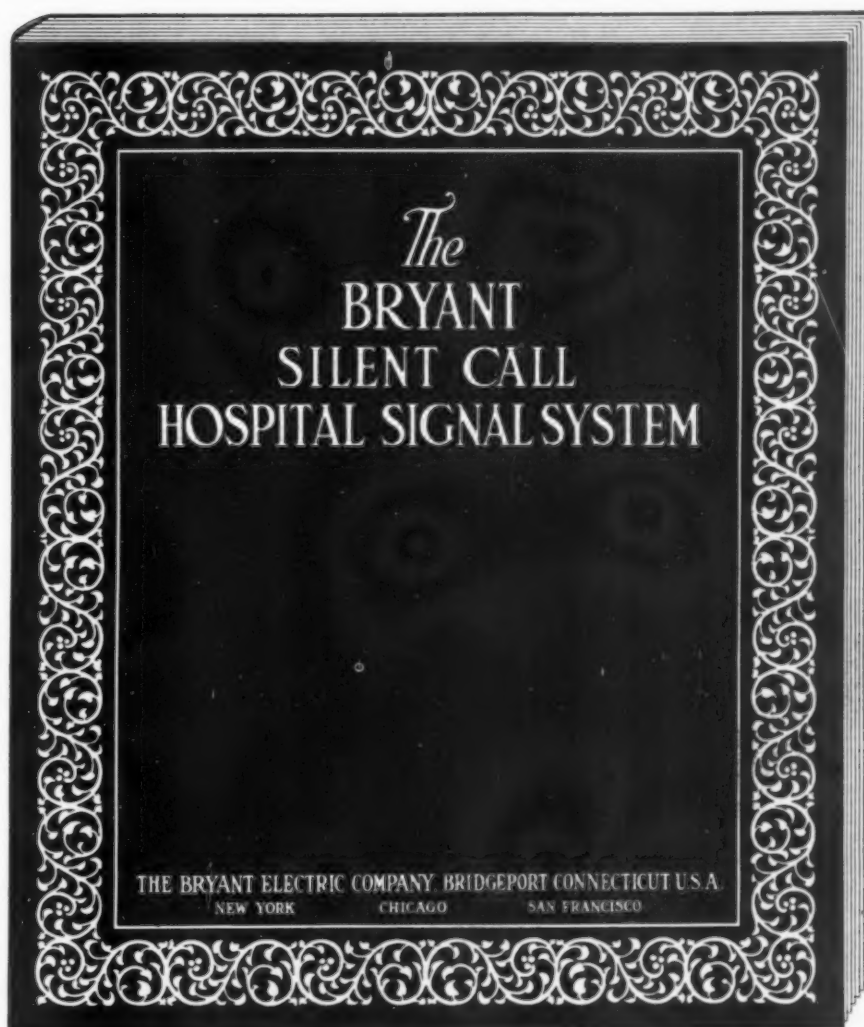
**Tested and Recommended
BY THE LEADING
FLOOR MANUFACTURERS**

Write Us For Their Reports

OUR TRIAL OFFER:

One barrel of SHINE-ALL will be shipped
to you from our nearest branch, freight pre-
paid. No obligation on your part except to
try it.

Hillyard Chemical Company
MANUFACTURING CHEMISTS
ST. JOSEPH, MO. U.S.A.



Are you interested in hospital operating improvement, the adding of new wings or sections, or an entirely new building?

If you are, and will write for a copy of our illustrated bulletin on The Bryant Silent Call Hospital Signal System we believe it will aid you to know of the better hospital operating control, and the time and money saving of the Bryant equipment.

Ask for Bulletin H.S. 622.



"A Superior Wiring Device for every Electrical Need"

THE BRYANT ELECTRIC COMPANY

BRIDGEPORT, CONNECTICUT

NEW YORK
342 Madison Ave.

CHICAGO
844 West Adams St.

SAN FRANCISCO
149 New Montgomery St.

For complete index of advertisements refer to the Classified Directory

"Dust Control Worth While"

"Possibly in time we may find dust harmless. But in Manchuria, inhalation of infected dust was thought to be a factor in Pneumonic Plague. At least for the present, dust control seems to be worth while." Says W. A. Evans, commenting upon the recent Pneumonic Plague scare.

SEMDAC

LIQUID GLOSS

Entangles the Dust Legions

Semdac, by forming an invisible coating of oil wherever applied, catches the dust as it settles, and prevents it from floating in the air. Only air borne dust is harmful.

Semdac is odorless, easily applied. It benefits the appearance of floors, woodwork and metal surfaces, as it effectually suppresses dust.

STANDARD OIL COMPANY

(Indiana)

910 South Michigan Avenue, Chicago

4066



Beauty—as well as *Practical Hygiene* —in the Lavatories

WHALE-BONE-ITE is the modern answer, on which architects and doctors agree. In hospital planning, in the specifications for public buildings, hotels, and the like, greater attention is given today than ever before to the attractiveness of the lavatory.

This important room, once considered a necessary evil, is today the show-place in many homes! And all because the possibilities of color harmonies have been studied.

Contrasting tiles, white trim, glistening nickel—and toilet seats of jet black or mahogany—make a most attractive room. Give a richness of feeling that is demanded today.

Whale-Bone-It for Beauty

Whale-Bone-It toilet seats have long been sold on their ten basic points of construction. Now they are selected as well for their decorative possibilities.

Not only are they the world's finest seats from a long-wear viewpoint. From the standpoint of harmonizing with the color scheme of the lavatory, they stand supreme as well.

One important factor is the permanent color of Whale-Bone-It. White seats, seats of celluloid or wood, quickly discolor, show cleansing, fade. Often, too, they break, or become warped. These things spoil the attractiveness of any room.

Whale-Bone-It seats are made of an imper-

vious composition. They cannot warp or split; they do not balance unevenly; the concealed hinges are of strong nickeled construction. The designs of these seats are the latest scientific models. They embody the latest knowledge in practical home hygiene.

Other Exclusive Features

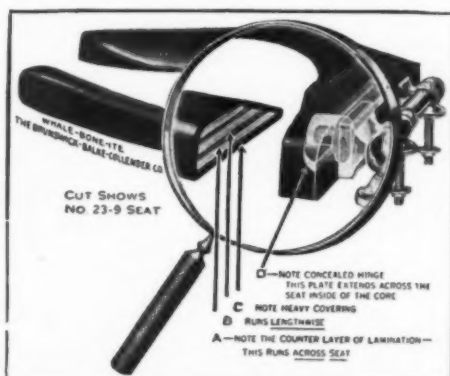
Other exclusive Whale-Bone-It features are their non-inflammability—their imperviousness to odor or acid. They are the easiest seats to keep clean and sanitary, for the perpetual smooth finish has no cracks to gather accumulations.

Thus on practical scores, as on decorative, Whale-Bone-It seats are considered generally to be without peer in the world of toilet seats.

Thus, though they frequently are more expensive than lesser seats in first cost—in last cost they are most economical—most satisfactory to the home-owner.

Today Whale-Bone-It seats are specified almost everywhere, where the finest is sought. In the hospitals that are being built, in public buildings, new homes, hotels—wherever you go, you will find the toilet seat equipment is of Whale-Bone-It.

In the interest of better sanitation, Whale-Bone-It seats are widely specified today. Get further information on styles and prices, etc., from any jobber—or write direct.



Whale-Bone-It Division

The Brunswick-Balke-Collender Co.
623 South Wabash Avenue, Chicago

B-D PRODUCTS

Made for the Profession

ASEPTO SYRINGES

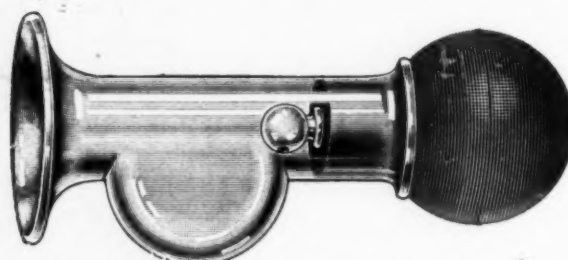
Forty Styles and Sizes Used and Prescribed
for Many Purposes.

Efficient, Easily Sterilized

Perfect one hand control, freedom from back-flow and complete filling or emptying of Syringe with a single compression of the bulb make Asepto Syringes superior for Medication, Aspiration and Irrigation. Capacities 1-16 to 4 ounces.

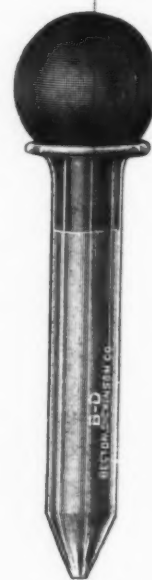


No. 2051
For Wounds



Asepto Breast Pump with Fluid Trap

Suction regulated by partial or complete compression of bulb. Milk cannot run into the bulb. Feeding directly from pump is possible by attaching nipple.



No. 2040
G-U Work

Genuine When Marked **B-D**

Descriptive Literature Sent on Request.

SOLD THROUGH DEALERS

BECTON, DICKINSON & Co.

RUTHERFORD, N. J.

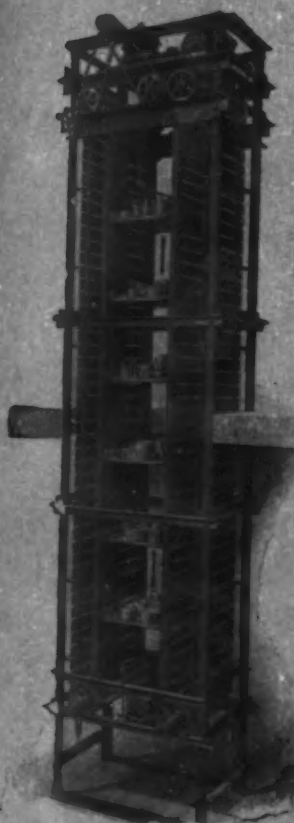
Makers of Genuine Luer Syringes, Yale Quality Needles, B-D Thermometers, Ace Bandages, Asepto Syringes, Sphygmomanometers and Spinal Manometers

SUBVEYORS

SOLVE FOOD AND
DISH HANDLING PROBLEMS

FOOD SERVICE

Subveyors will elevate food either on trays or in containers continuously to any number of floors. Visualize the economies resulting from an installation in your institution. There are hundreds of Subveyors in operation throughout the entire country which are daily demonstrating the economy and efficiency of this equipment. Model "F" Subveyor illustrated to the left is the model for Food Service. Complete catalog and interesting Food Service Survey are yours for the asking.



Model "F" Subveyor

Dishwashing departments of hospitals should be centralized in one department for the following reasons:

- (1) *Reduce your investment in unnecessary equipment.*
- (2) *Confine noises and odors incident to dish washing departments to an isolated location.*
- (3) *Have absolute control of dishwashing crew.*
- (4) *Have more room for patients.*
- (5) *Reduce china breakage (more than 50 per cent).*

The Model "A" Subveyor illustrated to the right will carry trays of soiled dishes from any number of floors to the centralized dishwashing department. Trays are discharged automatically from vertical to horizontal section which in turn discharges trays upon scrapping table. Complete detailed information on centralized dishwashing departments will be sent on request.

SAMUEL OLSON & CO.

2418 Bloomingdale Ave.

CHICAGO

Consolidated Bldg.
Los Angeles

Fifth Ave. Bldg.
New York



Model "A" Subveyor

Progress~



The introduction of *THE JUDD SEAT* is another milestone marking the progress of an earnest effort to build the best water closet seat ever developed—and to be sold at a moderate price.

It is the result of nearly a quarter century of painstaking effort to all details of improvement; a conscientious study of the many and varied problems of water closet seat manufacture, that is now reflected in this creation.

From the beginning it has been our definite purpose to create a seat that would stand pre-eminent in the field. Without fear of contradiction, I can honestly say that the toilet seat has been developed to its highest degree of perfection in our product—*THE JUDD SEAT*.

Signed,

A stylized, cursive signature of Earl Judd.

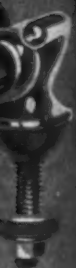
President.

EARL JUDD CORP., WRIGLEY BLDG., CHICAGO



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FOR ACTUAL ECONOMY AND EFFICIENT SERVICE, THE JUDD SEAT IS WITHOUT EQUAL



RRP. '26

EQUA